

<b>United States Bankruptcy Court</b> <b>NORTHERN DISTRICT OF ILLINOIS</b>				<b>Voluntary Petition</b>	
Name of Debtor (if individual, enter Last, First, Middle): <b>Shell Jr, Robert</b>			Name of Joint Debtor (Spouse)(Last, First, Middle): <b>Miglieri-Shell, Jeanne</b>		
All Other Names used by the Debtor in the last 8 years (include married, maiden, and trade names): <b>NONE</b>			All Other Names used by the Joint Debtor in the last 8 years (include married, maiden, and trade names): <b>NONE</b>		
Last four digits of Soc. Sec. or Individual-Taxpayer I.D. (ITIN) No./Complete EIN (if more than one, state all): <b>6841</b>			Last four digits of Soc. Sec. or Individual-Taxpayer I.D. (ITIN) No./Complete EIN (if more than one, state all): <b>5874</b>		
Street Address of Debtor (No. & Street, City, and State): <b>5519 S. Natoma Ave</b> <b>Chicago, IL</b>			Street Address of Joint Debtor (No. & Street, City, and State): <b>5519 S. Natoma Ave</b> <b>Chicago, IL</b>		
<div style="display: flex; justify-content: space-between;"> <span>ZIP CODE</span> <span><b>60638</b></span> </div>			<div style="display: flex; justify-content: space-between;"> <span>ZIP CODE</span> <span><b>60638</b></span> </div>		
County of Residence or of the Principal Place of Business: <b>Cook</b>			County of Residence or of the Principal Place of Business: <b>Cook</b>		
Mailing Address of Debtor (if different from street address): <b>SAME</b>			Mailing Address of Joint Debtor (if different from street address): <b>SAME</b>		
<div style="display: flex; justify-content: space-between;"> <span>ZIP CODE</span> <span></span> </div>			<div style="display: flex; justify-content: space-between;"> <span>ZIP CODE</span> <span></span> </div>		
Location of Principal Assets of Business Debtor (if different from street address above): <b>NOT APPLICABLE</b>					
<b>Type of Debtor</b> (Form of organization) (Check <b>one</b> box.) <input checked="" type="checkbox"/> Individual (includes Joint Debtors) <i>See Exhibit D on page 2 of this form.</i> <input type="checkbox"/> Corporation (includes LLC and LLP) <input type="checkbox"/> Partnership <input type="checkbox"/> Other (if debtor is not one of the above entities, check this box and state type of entity below		<b>Nature of Business</b> (Check <b>one</b> box.) <input type="checkbox"/> Health Care Business <input type="checkbox"/> Single Asset Real Estate as defined in 11 U.S.C. § 101 (51B) <input type="checkbox"/> Railroad <input type="checkbox"/> Stockbroker <input type="checkbox"/> Commodity Broker <input type="checkbox"/> Clearing Bank <input type="checkbox"/> Other		<b>Chapter of Bankruptcy Code Under Which the Petition is Filed</b> (Check one box) <div style="display: flex; justify-content: space-between;"> <div> <input checked="" type="checkbox"/> Chapter 7  <input type="checkbox"/> Chapter 9  <input type="checkbox"/> Chapter 11  <input type="checkbox"/> Chapter 12  <input type="checkbox"/> Chapter 13               </div> <div> <input type="checkbox"/> Chapter 15 Petition for Recognition of a Foreign Main Proceeding   <input type="checkbox"/> Chapter 15 Petition for Recognition of a Foreign Nonmain Proceeding               </div> </div>	
<b>Chapter 15 Debtors</b> Country of debtor's center of main interests: <hr/> Each country in which a foreign proceeding by, regarding, or against debtor is pending: <hr/>		<b>Tax-Exempt Entity</b> (Check box, if applicable.) <input type="checkbox"/> Debtor is a tax-exempt organization under Title 26 of the United States Code (the Internal Revenue Code).		<b>Chapter 11 Debtors:</b> <b>Check one box:</b> <input type="checkbox"/> Debtor is a small business as defined in 11 U.S.C. § 101(51D). <input type="checkbox"/> Debtor is not a small business debtor as defined in 11 U.S.C. § 101(51D).  <b>Check if:</b> <input type="checkbox"/> Debtor's aggregate noncontingent liquidated debts (excluding debts owed to insiders or affiliates) are less than \$2,490,925 (amount subject to adjustment on 4/01/16 and every three years thereafter).	
<b>Filing Fee</b> (Check one box) <input checked="" type="checkbox"/> Full Filing Fee attached <input type="checkbox"/> Filing Fee to be paid in installments (applicable to individuals only). Must attach signed application for the court's consideration certifying that the debtor is unable to pay fee except in installments. Rule 1006(b). See Official Form 3A.  <input type="checkbox"/> Filing Fee waiver requested (applicable to chapter 7 individuals only). Must attach signed application for the court's consideration. See Official Form 3B.		<b>Check all applicable boxes:</b> <input type="checkbox"/> A plan is being filed with this petition <input type="checkbox"/> Acceptances of the plan were solicited prepetition from one or more classes of creditors, in accordance with 11 U.S.C. § 1126(b).			
<b>Statistical/Administrative Information</b> <input checked="" type="checkbox"/> Debtor estimates that funds will be available for distribution to unsecured creditors. <input type="checkbox"/> Debtor estimates that, after any exempt property is excluded and administrative expenses paid, there will be no funds available for distribution to unsecured creditors.					THIS SPACE IS FOR COURT USE ONLY
<b>Estimated Number of Creditors</b> <div style="display: flex; justify-content: space-between;"> <span><input type="checkbox"/> 1-49</span> <span><input checked="" type="checkbox"/> 50-99</span> <span><input type="checkbox"/> 100-199</span> <span><input type="checkbox"/> 200-999</span> <span><input type="checkbox"/> 1,000-5,000</span> <span><input type="checkbox"/> 5,001-10,000</span> <span><input type="checkbox"/> 10,001-25,000</span> <span><input type="checkbox"/> 25,001-50,000</span> <span><input type="checkbox"/> 50,001-100,000</span> <span><input type="checkbox"/> Over 100,000</span> </div>					
<b>Estimated Assets</b> <div style="display: flex; justify-content: space-between;"> <span><input checked="" type="checkbox"/> \$0 to \$50,000</span> <span><input type="checkbox"/> \$50,001 to \$100,000</span> <span><input type="checkbox"/> \$100,001 to \$500,000</span> <span><input type="checkbox"/> \$500,001 to \$1 million</span> <span><input type="checkbox"/> \$1,000,001 to \$10 million</span> <span><input type="checkbox"/> \$10,000,001 to \$50 million</span> <span><input type="checkbox"/> \$50,000,001 to \$100 million</span> <span><input type="checkbox"/> \$100,000,001 to \$500 million</span> <span><input type="checkbox"/> \$500,000,001 to \$1 billion</span> <span><input type="checkbox"/> More than \$1 billion</span> </div>					
<b>Estimated Liabilities</b> <div style="display: flex; justify-content: space-between;"> <span><input type="checkbox"/> \$0 to \$50,000</span> <span><input type="checkbox"/> \$50,001 to \$100,000</span> <span><input checked="" type="checkbox"/> \$100,001 to \$500,000</span> <span><input type="checkbox"/> \$500,001 to \$1 million</span> <span><input type="checkbox"/> \$1,000,001 to \$10 million</span> <span><input type="checkbox"/> \$10,000,001 to \$50 million</span> <span><input type="checkbox"/> \$50,000,001 to \$100 million</span> <span><input type="checkbox"/> \$100,000,001 to \$500 million</span> <span><input type="checkbox"/> \$500,000,001 to \$1 billion</span> <span><input type="checkbox"/> More than \$1 billion</span> </div>					

**Voluntary Petition**

(This page must be completed and filed in every case)

Name of Debtor(s):

**Robert Shell Jr and  
Jeanne Miglieri-Shell****All Prior Bankruptcy Cases Filed Within Last 8 Years**

(If more than two, attach additional sheet)

Location Where Filed:

**NONE**

Case Number:

Date Filed:

Location Where Filed:

Case Number:

Date Filed:

**Pending Bankruptcy Case Filed by any Spouse, Partner or Affiliate of this Debtor**

(If more than one, attach additional sheet)

Name of Debtor:

**NONE**

Case Number:

Date Filed:

District:

Relationship:

Judge:

**Exhibit A**

(To be completed if debtor is required to file periodic reports (e.g., forms 10K and 10Q) with the Securities and Exchange Commission pursuant to Section 13 or 15(d) of the Securities Exchange Act of 1934 and is requesting relief under Chapter 11)

☐ Exhibit A is attached and made a part of this petition**Exhibit B**

(To be completed if debtor is an individual whose debts are primarily consumer debts)

I, the attorney for the petitioner named in the foregoing petition, declare that I have informed the petitioner that [he or she] may proceed under chapter 7, 11, 12 or 13 of title 11, United States Code, and have explained the relief available under each such chapter. I further certify that I have delivered to the debtor the notice required by 11 U.S.C. §342(b).

**X****/s/ Richard S. Bass****10/25/2015**

Signature of Attorney for Debtor(s)

Date

**Exhibit C**

Does the debtor own or have possession of any property that poses or is alleged to pose a threat of imminent and identifiable harm to public health or safety?

- ☐ Yes, and exhibit C is attached and made a part of this petition.
- ☒ No

**Exhibit D**

(To be completed by every individual debtor. If a joint petition is filed, each spouse must complete and attach a separate Exhibit D.)

- ☒ Exhibit D, completed and signed by the debtor, is attached and made part of this petition.

If this is a joint petition:

- ☒ Exhibit D also completed and signed by the joint debtor is attached and made a part of this petition.

**Information Regarding the Debtor - Venue**

(Check any applicable box)

- ☒ Debtor has been domiciled or has had a residence, principal place of business, or principal assets in this District for 180 days immediately preceding the date of this petition or for a longer part of such 180 days than in any other District.
- ☐ There is a bankruptcy case concerning debtor's affiliate, general partner, or partnership pending in this District.
- ☐ Debtor is a debtor in a foreign proceeding and has its principal place of business or principal assets in the United States in this District, or has no principal place of business or assets in the United States but is a defendant in an action proceeding [in a federal or state court] in this District, or the interests of the parties will be served in regard to the relief sought in this District.

**Certification by a Debtor Who Resides as a Tenant of Residential Property**

(Check all applicable boxes.)

- ☐ Landlord has a judgment against the debtor for possession of debtor's residence. (If box checked, complete the following.)

\_\_\_\_\_  
(Name of landlord that obtained judgment)\_\_\_\_\_  
(Address of landlord)

- ☐ Debtor claims that under applicable nonbankruptcy law, there are circumstances under which the debtor would be permitted to cure the entire monetary default that gave rise to the judgment for possession, after the judgment for possession was entered, and
- ☐ Debtor has included with this petition the deposit with the court of any rent that would become due during the 30-day period after the filing of the petition.
- ☐ Debtor certifies that he/she has served the Landlord with this certification. (11 U.S.C. § 362(l)).

**Voluntary Petition**

(This page must be completed and filed in every case)

Name of Debtor(s):

**Robert Shell Jr and****Jeanne Miglieri-Shell****Signatures****Signature(s) of Debtor(s) (Individual/Joint)**

I declare under penalty of perjury that the information provided in this petition is true and correct.

[If petitioner is an individual whose debts are primarily consumer debts and has chosen to file under chapter 7] I am aware that I may proceed under chapter 7, 11, 12, or 13 of title 11, United States Code, understand the relief available under each such chapter, and choose to proceed under chapter 7.

[If no attorney represents me and no bankruptcy petition preparer signs the petition] I have obtained and read the notice required by 11 U.S.C. § 342(b)

I request relief in accordance with the chapter of title 11, United States Code, specified in this petition.

**X /s/ Robert Shell Jr**

Signature of Debtor

**X /s/ Jeanne Miglieri-Shell**

Signature of Joint Debtor

Telephone Number (if not represented by attorney)

**10/25/2015**

Date

**Signature of a Foreign Representative**

I declare under penalty of perjury that the information provided in this petition is true and correct, that I am the foreign representative of a debtor in a foreign proceeding, and that I am authorized to file this petition.

(Check only one box.)

☐ I request relief in accordance with chapter 15 of title 11, United States Code. Certified copies of the documents required by 11 U.S.C. § 1515 are attached.

☐ Pursuant to 11 U.S.C. § 1511, I request relief in accordance with the chapter of title 11 specified in this petition. A certified copy of the order granting recognition of the foreign main proceeding is attached.

**X**

(Signature of Foreign Representative)

(Printed name of Foreign Representative)

(Date)

**Signature of Attorney\*****X /s/ Richard S. Bass**

Signature of Attorney for Debtor(s)

**Richard S. Bass 6189009**

Printed Name of Attorney for Debtor(s)

**Law Office of Richard S. Bass LTD**

Firm Name

**2021 Midwest Road**

Address

**Suite #200****Oak Brook, IL 60523****630-953-8655**

Telephone Number

**10/25/2015**

Date

\*In a case in which § 707(b)(4)(D) applies, this signature also constitutes a certification that the attorney has no knowledge after an inquiry that the information in the schedules is incorrect.

**Signature of Debtor (Corporation/Partnership)**

I declare under penalty of perjury that the information provided in this petition is true and correct, and that I have been authorized to file this petition on behalf of the debtor.

The debtor requests the relief in accordance with the chapter of title 11, United States Code, specified in this petition.

**X**

Signature of Authorized Individual

Printed Name of Authorized Individual

Title of Authorized Individual

Date

**Signature of Non-Attorney Bankruptcy Petition Preparer**

I declare under penalty of perjury that: (1) I am a bankruptcy petition preparer as defined in 11 U.S.C. § 110; (2) I prepared this document for compensation and have provided the debtor with a copy of this document and the notices and information required under 11 U.S.C. §§ 110(b), 110(h), and 342(b); and, (3) if rules or guidelines have been promulgated pursuant to 11 U.S.C. § 110(h) setting a maximum fee for services bankruptcy petition preparers, I have given the debtor notice of the maximum amount before preparing any document for filing for a debtor or accepting any fee from the debtor, as required in that section. Official Form 19 is attached.

Printed Name and title, if any, of Bankruptcy Petition Preparer

Social-Security number (If the bankruptcy petition preparer is not an individual, state the Social-Security number of the officer, principal, responsible person or partner of the bankruptcy petition preparer.) (Required by 11 U.S.C. § 110.)

Address

**X**

Date

Signature of bankruptcy petition preparer or officer, principal, responsible person, or partner whose Social-Security number is provided

Names and Social-Security numbers of all other individuals who prepared or assisted in preparing this document unless the bankruptcy petition preparer is not an individual.

If more than one person prepared this document, attach additional sheets conforming to the appropriate official form for each person.

*A bankruptcy petition preparer's failure to comply with the provisions of title 11 and the Federal Rules of Bankruptcy Procedure may result in fines or imprisonment or both. 11 U.S.C. § 110; 18 U.S.C. § 156.*

## UNITED STATES BANKRUPTCY COURT

### NOTICE TO CONSUMER DEBTOR(S) UNDER §342(b) OF THE BANKRUPTCY CODE

In accordance with § 342(b) of the Bankruptcy Code, this notice to individuals with primarily consumer debts: (1) Describes briefly the services available from credit counseling services; (2) Describes briefly the purposes, benefits and costs of the four types of bankruptcy proceedings you may commence; and (3) Informs you about bankruptcy crimes and notifies you that the Attorney General may examine all information you supply in connection with a bankruptcy case.

You are cautioned that bankruptcy law is complicated and not easily described. Thus, you may wish to seek the advice of an attorney to learn of your rights and responsibilities should you decide to file a petition. Court employees cannot give you legal advice.

Notices from the bankruptcy court are sent to the mailing address you list on your bankruptcy petition. In order to ensure that you receive information about events concerning your case, Bankruptcy Rule 4002 requires that you notify the court of any changes in your address. If you are filing a **joint case** (a single bankruptcy case for two individuals married to each other), and each spouse lists the same mailing address on the bankruptcy petition, you and your spouse will generally receive a single copy of each notice mailed from the bankruptcy court in a jointly-addressed envelope, unless you file a statement with the court requesting that each spouse receive a separate copy of all notices.

#### **1. Services Available from Credit Counseling Agencies**

**With limited exceptions, § 109(h) of the Bankruptcy Code requires that all individual debtors who file for bankruptcy relief on or after October 17, 2005, receive a briefing that outlines the available opportunities for credit counseling and provides assistance in performing a budget analysis.** The briefing must be given within 180 days **before** the bankruptcy filing. The briefing may be provided individually or in a group (including briefings conducted by telephone or on the Internet) and must be provided by a nonprofit budget and credit counseling agency approved by the United States trustee or bankruptcy administrator. The clerk of the bankruptcy court has a list that you may consult of the approved budget and credit counseling agencies. Each debtor in a joint case must complete the briefing.

**In addition, after filing a bankruptcy case, an individual debtor generally must complete a financial management instructional course before he or she can receive a discharge.** The clerk also has a list of approved financial management instructional courses. Each debtor in a joint case must complete the course.

#### **2. The Four Chapters of the Bankruptcy Code Available to Individual Consumer Debtors**

##### **Chapter 7: Liquidation (\$245 filing fee, \$46 administrative fee, \$15 trustee surcharge: Total fee \$306)**

Chapter 7 is designed for debtors in financial difficulty who do not have the ability to pay their existing debts. Debtors whose debts are primarily consumer debts are subject to a “means test” designed to determine whether the case should be permitted to proceed under chapter 7. If your income is greater than the median income for your state of residence and family size, in some cases, the United States trustee (or bankruptcy administrator), the trustee, or creditors have the right to file a motion requesting that the court dismiss your case under § 707(b) of the Code. It is up to the court to decide whether the case should be dismissed.

Under chapter 7, you may claim certain of your property as exempt under governing law. A trustee may have the right to take possession of and sell the remaining property that is not exempt and use the sale proceeds to pay your creditors.

The purpose of filing a chapter 7 case is to obtain a discharge of your existing debts. If, however, you are found to have committed certain kinds of improper conduct described in the Bankruptcy Code, the court may deny

your discharge and, if it does, the purpose for which you filed the bankruptcy petition will be defeated.

Even if you receive a general discharge, some particular debts are not discharged under the law. Therefore, you may still be responsible for most taxes and student loans; debts incurred to pay nondischargeable taxes; domestic support and property settlement obligations; most fines, penalties, forfeitures, and criminal restitution obligations; certain debts which are not properly listed in your bankruptcy papers; and debts for death or personal injury caused by operating a motor vehicle, vessel, or aircraft while intoxicated from alcohol or drugs. Also, if a creditor can prove that a debt arose from fraud, breach of fiduciary duty, or theft, or from a willful and malicious injury, the bankruptcy court may determine that the debt is not discharged.

**Chapter 13: Repayment of All or Part of the Debts of an Individual with Regular Income (\$235 filing fee, \$46 administrative fee: Total fee \$281)**

Chapter 13 is designed for individuals with regular income who would like to pay all or part of their debts in installments over a period of time. You are only eligible for chapter 13 if your debts do not exceed certain dollar amounts set forth in the Bankruptcy Code.

Under chapter 13, you must file with the court a plan to repay your creditors all or part of the money that you owe them, using your future earnings. The period allowed by the court to repay your debts may be three years or five years, depending upon your income and other factors. The court must approve your plan before it can take effect.

After completing the payments under your plan, your debts are generally discharged except for domestic support obligations; most student loans; certain taxes; most criminal fines and restitution obligations; certain debts which are not properly listed in your bankruptcy papers; certain debts for acts that caused death or personal injury; and certain long term secured obligations.

**Chapter 11: Reorganization (\$1,167 filing fee, \$46 administrative fee: Total fee \$1,213)**

Chapter 11 is designed for the reorganization of a business but is also available to consumer debtors. Its provisions are quite complicated, and any decision by an individual to file a chapter 11 petition should be reviewed with an attorney.

**Chapter 12: Family Farmer or Fisherman (\$200 filing fee, \$46 administrative fee: Total fee \$246)**

Chapter 12 is designed to permit family farmers and fishermen to repay their debts over a period of time from future earnings and is similar to chapter 13. The eligibility requirements are restrictive, limiting its use to those whose income arises primarily from a family-owned farm or commercial fishing operation.

**3. Bankruptcy Crimes and Availability of Bankruptcy Papers to Law Enforcement Officials**

A person who knowingly and fraudulently conceals assets or makes a false oath or statement under penalty of perjury, either orally or in writing, in connection with a bankruptcy case is subject to a fine, imprisonment, or both. All information supplied by a debtor in connection with a bankruptcy case is subject to examination by the Attorney General acting through the Office of the United States Trustee, the Office of the United States Attorney, and other components and employees of the Department of Justice.

**WARNING:** Section 521(a)(1) of the Bankruptcy Code requires that you promptly file detailed information regarding your creditors, assets, liabilities, income, expenses and general financial condition. Your bankruptcy case may be dismissed if this information is not filed with the court within the time deadlines set by the Bankruptcy Code, the Bankruptcy Rules, and the local rules of the court. The documents and the deadlines for filing them are listed on Form B200, which is posted at [http://www.uscourts.gov/bkforms/bankruptcy\\_forms.html#procedure](http://www.uscourts.gov/bkforms/bankruptcy_forms.html#procedure).

Case No. \_\_\_\_\_  
(if known)

## SCHEDULE A-REAL PROPERTY

Except as directed below, list all real property in which the debtor has any legal, equitable, or future interest, including all property owned as a cotenant community property, or in which the debtor has a life estate. Include any property in which the debtor holds rights and powers exercisable for the debtor's own benefit. If the debtor is married, state whether the husband, wife, both, or the marital community own the property by placing an "H," "W," "J," or "C" in the column labeled "Husband, Wife, Joint, or Community." If the debtor holds no interest in real property, write "None" under "Description and Location of Property."

**Do not include interests in executory contracts and unexpired leases on this schedule. List them in Schedule G-Executory Contracts and Unexpired Leases.**

If an entity claims to have a lien or hold a secured interest in any property, state the amount of the secured claim. See Schedule D. If no entity claims to hold a secured interest in the property, write "None" in the column labeled "Amount of Secured Claim."

If the debtor is an individual or if a joint petition is filed, state the amount of any exemption claimed in the property only in Schedule C - Property Claimed as Exempt.

Description and Location of Property	Nature of Debtor's Interest in Property	Husband--H Wife--W Joint--J Community--C	Current Value	Amount of Secured Claim
			of Debtor's Interest, in Property Without Deducting any Secured Claim or Exemption	
None				None
<b>TOTAL \$</b> (Report also on Summary of Schedules.)			0.00	

No continuation sheets attached

In re Robert Shell Jr and Jeanne Miglieri-Shell,

Debtor(s)

Case No. \_\_\_\_\_

(if known)

## SCHEDULE B-PERSONAL PROPERTY

Except as directed below, list all personal property of the debtor of whatever kind. If the debtor has no property in one or more of the categories, place an "x" in the appropriate position in the column labeled "None." If additional space is needed in any category, attach a separate sheet properly identified with the case name, case number, and the number of the category. If the debtor is married, state whether the husband, wife, both, or the marital community own the property by placing an "H," "W," "J," or "C" in the column labeled "Husband, Wife, Joint, or Community." If the debtor is an individual or a joint petition is filed, state the amount of any exemptions claimed only in Schedule C - Property Claimed as Exempt.

**Do not list interests in executory contracts and unexpired leases on this schedule. List them in Schedule G-Executory Contracts and Unexpired Leases.**

If the property is being held for the debtor by someone else, state that person's name and address under "Description and Location of Property." If the property is being held for a minor child, simply state the child's initials and the name and address of the child's parent or guardian, such as "A.B., a minor child, by John Doe, guardian." Do not disclose the child's name. See, 11 U.S.C. §112 and Fed. R. Bankr. P. 1007(m).

Type of Property	None	Description and Location of Property	Husband--H Wife--W Joint--J Community--C	Current Value of Debtor's Interest, in Property Without Deducting any Secured Claim or Exemption
1. Cash on hand.		<i>Cash</i> <i>Location: In debtor's possession</i>	J	\$100.00
2. Checking, savings or other financial accounts, certificates of deposit, or shares in banks, savings and loan, thrift, building and loan, and homestead associations, or credit unions, brokerage houses, or cooperatives.		<i>Checking Account: Bank of America</i> <i>Location: In debtor's possession</i>	W	\$200.00
		<i>Checking Account: Bank of America</i> <i>Location: In debtor's possession</i>	H	\$500.00
		<i>Savings Account: Bank of America</i> <i>Location: In debtor's possession</i>	W	\$200.00
		<i>Savings Account: Bank of America</i> <i>Location: In debtor's possession</i>	H	\$500.00
3. Security deposits with public utilities, telephone companies, landlords, and others.	X			
4. Household goods and furnishings, including audio, video, and computer equipment.		<i>Misc used household goods &amp; furnishings</i> <i>Location: In debtor's possession</i>	J	\$1,000.00
5. Books, pictures and other art objects, antiques, stamp, coin, record, tape, compact disc, and other collections or collectibles.		<i>Misc used personal items, books &amp; pictures</i> <i>Location: In debtor's possession</i>	J	\$200.00
6. Wearing apparel.		<i>Misc used personal clothing</i> <i>Location: In debtor's possession</i>	J	\$400.00

In re Robert Shell Jr and Jeanne Miglieri-Shell,

Case No. \_\_\_\_\_

Debtor(s)

(if known)

## SCHEDULE B-PERSONAL PROPERTY

(Continuation Sheet)

Type of Property	N o n e	Description and Location of Property	Husband--H Wife--W Joint--J Community--C	Current Value of Debtor's Interest, in Property Without Deducting any Secured Claim or Exemption
7. Furs and jewelry.	X			
8. Firearms and sports, photographic, and other hobby equipment.	X			
9. Interests in insurance policies. Name insurance company of each policy and itemize surrender or refund value of each.		<i>Life Insurance (Term Policy)</i> <i>Location: In debtor's possession</i>	H	\$1.00
10. Annuities. Itemize and name each issuer.	X			
11. Interest in an education IRA as defined in 26 U.S.C. 530(b)(1) or under a qualified State tuition plan as defined in 26 U.S.C. 529(b)(1). Give particulars. (File separately the record(s) of any such interest(s). 11 U.S.C. 521(c).)	X			
12. Interests in IRA, ERISA, Keogh, or other pension or profit sharing plans. Give particulars.		<i>401K Pension Retirement Plan</i> <i>Location: In debtor's possession</i>	H	\$500.00
13. Stock and interests in incorporated and unincorporated businesses. Itemize.	X			
14. Interests in partnerships or joint ventures. Itemize.	X			
15. Government and corporate bonds and other negotiable and non-negotiable instruments.	X			
16. Accounts Receivable.	X			
17. Alimony, maintenance, support, and property settlements to which the debtor is or may be entitled. Give particulars.	X			
18. Other liquidated debts owed to debtor including tax refunds. Give particulars.	X			
19. Equitable or future interests, life estates, and rights or powers exercisable for the benefit of the debtor other than those listed in Schedule of Real Property.	X			
20. Contingent and non-contingent interests in estate of a decedent, death benefit plan, life insurance policy, or trust.	X			
21. Other contingent and unliquidated claims of every nature, including tax refunds, counterclaims of the debtor, and rights to setoff claims. Give estimated value of each.		<i>Tax Refund</i> <i>Location: Pending</i>	J	\$4,600.00
22. Patents, copyrights, and other intellectual property. Give particulars.	X			



Case No. \_\_\_\_\_  
(if known)

## (Continuation Sheet)

<b>Total ➡</b>	<b>\$10,201.00</b>
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(Report total also on Summary of Schedules.)  
Include amounts from any continuation sheets attached.

In re Robert Shell Jr and Jeanne Miglieri-Shell, Case No. \_\_\_\_\_  
 Debtor(s) (if known)

## SCHEDULE C-PROPERTY CLAIMED AS EXEMPT

Debtor claims the exemptions to which debtor is entitled under: ☐ Check if debtor claims a homestead exemption that exceeds \$155,675.\*

(Check one box)

☐ 11 U.S.C. § 522(b) (2)

☒ 11 U.S.C. § 522(b) (3)

Description of Property	Specify Law Providing each Exemption	Value of Claimed Exemption	Current Value of Property Without Deducting Exemptions
Cash	735 ILCS 5/12-1001(b)	\$ 100.00	\$ 100.00
Checking Account: Bank of America	735 ILCS 5/12-1001(b)	\$ 200.00	\$ 200.00
Savings Account: Bank of America	735 ILCS 5/12-1001(b)	\$ 500.00	\$ 500.00
Savings Account: Bank of America	735 ILCS 5/12-1001(b)	\$ 200.00	\$ 200.00
Misc used household goods & furnishings	735 ILCS 5/12-1001(b)	\$ 1,000.00	\$ 1,000.00
Misc used personal items, books & pictures	735 ILCS 5/12-1001(a)	\$ 200.00	\$ 200.00
Misc used personal clothing	735 ILCS 5/12-1001(a)	\$ 400.00	\$ 400.00
Life Insurance (Term Policy)	735 ILCS 5/12-1001(f)	\$ 1.00	\$ 1.00
401K Pension Retirement Plan	735 ILCS 5/12-1006	\$ 500.00	\$ 500.00
Tax Refund	735 ILCS 5/12-1001(b)	\$ 4,600.00	\$ 4,600.00
1986 Mercedes 300-E	735 ILCS 5/12-1001(c)	\$ 500.00	\$ 500.00
2001 Chevrolet Camaro	735 ILCS 5/12-1001(c)	\$ 1,500.00	\$ 1,500.00
Page No. <u>1</u> of <u>1</u>			

\* Amount subject to adjustment on 4/1/16, and every three years thereafter with respect to cases commenced on or after the date of adjustment.

B6D (Official Form 6D) (12/07)

In re Robert Shell Jr and Jeanne Miglieri-Shell  
Debtor(s)

Case No. \_\_\_\_\_  
(if known)

## SCHEDULE D - CREDITORS HOLDING SECURED CLAIMS

State the name, mailing address, including zip code, and last four digits of any account number of all entities holding claims secured by property of the debtor as of the date of filing of the petition. The complete account number of any account the debtor has with the creditor is useful to the trustee and the creditor and may be provided if the debtor chooses to do so. List creditors holding all types of secured interests such as judgment liens, garnishments, statutory liens, mortgages, deeds of trust, and other security interests.

List creditors in alphabetical order to the extent practicable. If a minor child is the creditor, state the child's initials and the name and address of the child's parent or guardian, such as "A.B., a minor child, by John Doe, guardian." Do not disclose the child's name. See, 11 U.S.C. §112 and Fed. R. Bankr. P. 1007(m). If all secured creditors will not fit on this page, use the continuation sheet provided.

If any entity other than a spouse in a joint case may be jointly liable on a claim, place an "X" in the column labeled "Codebtor," include the entity on the appropriate schedule of creditors, and complete Schedule H – Codebtors. If a joint petition is filed, state whether the husband, wife, both of them, or the marital community may be liable on each claim by placing an "H," "W," "J," or "C" in the column labeled "Husband, Wife, Joint, or Community."

If the claim is contingent, place an "X" in the column labeled "Contingent." If the claim is unliquidated, place an "X" in the column labeled "Unliquidated." If the claim is disputed, place an "X" in the column labeled "Disputed." (You may need to place an "X" in more than one of these three columns.)

Total the columns labeled "Amount of Claim Without Deducting Value of Collateral" and "Unsecured Portion, if Any" in the boxes labeled "Total(s)" on the last sheet of the completed schedule. Report the total from the column labeled "Amount of Claim Without Deducting Value of Collateral" also on the Summary of Schedules and, if the debtor is an individual with primarily consumer debts, report the total from the column labeled "Unsecured Portion, if Any" on the Statistical Summary of Certain Liabilities and Related Data.

☒ Check this box if debtor has no creditors holding secured claims to report on this Schedule D.

Creditor's Name and Mailing Address Including ZIP Code and Account Number (See Instructions Above.)	Date Claim was Incurred, Nature of Lien, and Description and Market Value of Property Subject to Lien	Co-Debtor H--Husband W--Wife J--Joint C--Community	Contingent	Unliquidated	Disputed	Amount of Claim Without Deducting Value of Collateral	Unsecured Portion, If Any
Account No:							
	Value:						
Account No:							
	Value:						
No continuation sheets attached						Subtotal \$ (Total of this page)	\$ 0.00
						Total \$ (Use only on last page)	\$ 0.00

(Report also on Summary of Schedules.)

(If applicable, report also on Statistical Summary of Certain Liabilities and Related Data)

In re Robert Shell Jr and Jeanne Miglieri-Shell,  
Debtor(s)

Case No. \_\_\_\_\_  
(if known)

## SCHEDULE E - CREDITORS HOLDING UNSECURED PRIORITY CLAIMS

A complete list of claims entitled to priority, listed separately by type of priority, is to be set forth on the sheets provided. Only holders of unsecured claims entitled to priority should be listed in this schedule. In the boxes provided on the attached sheets, state the name, mailing address, including zip code, and last four digits of the account number, if any, of all entities holding priority claims against the debtor or the property of the debtor, as of the date of the filing of the petition. Use a separate continuation sheet for each type of priority and label each with the type of priority.

The complete account number of any account the debtor has with the creditor is useful to the trustee and the creditor and may be provided if the debtor chooses to do so. If a minor child is a creditor, state the child's initials and the name and address of the child's parent or guardian, such as "A.B., a minor child, by John Doe, guardian." Do not disclose the child's name. See, 11 U.S.C. §112 and Fed. R. Bankr. P. 1007(m).

If any entity other than a spouse in a joint case may be jointly liable on a claim, place an "X" in the column labeled "Codebtor," include the entity on the appropriate schedule of creditors, and complete Schedule H-Codebtors. If a joint petition is filed, state whether the husband, wife, both of them or the marital community may be liable on each claim by placing an "H", "W", "J", or "C" in the column labeled "Husband, Wife, Joint, or Community." If the claim is contingent, place an "X" in the column labeled "Contingent." If the claim is unliquidated, place an "X" in the column labeled "Unliquidated." If the claim is disputed, place an "X" in the column labeled "Disputed." (You may need to place an "X" in more than one of these three columns.)

Report the total of claims listed on each sheet in the box labeled "Subtotals" on each sheet. Report the total of all claims listed on this Schedule E in the box labeled "Total" on the last sheet of the completed schedule. Report this total also on the Summary of Schedules.

Report the total of amounts entitled to priority listed on each sheet in the box labeled "Subtotals" on each sheet. Report the total of all amounts entitled to priority listed on this Schedule E in the box labeled "Totals" on the last sheet of the completed schedule. Individual debtors with primarily consumer debts report this total also on the Statistical Summary of Certain Liabilities and Related Data.

Report the total of amounts NOT entitled to priority listed on each sheet in the box labeled "Subtotals" on each sheet. Report the total of all amounts not entitled to priority listed on this Schedule E in the box labeled "Total" on the last sheet of the completed schedule. Individual debtors with primarily consumer debts report this total also on the Statistical Summary of Certain Liabilities and Related Data.

☒ Check this box if debtor has no creditors holding unsecured priority claims to report on this Schedule E.

**TYPES OF PRIORITY CLAIMS** (Check the appropriate box(es) below if claims in that category are listed on the attached sheets)

☐ **Domestic Support Obligations**

Claims for domestic support that are owed to or recoverable by a spouse, former spouse, or child of the debtor, or the parent, legal guardian, or responsible relative of such a child, or a governmental unit to whom such a domestic support claim has been assigned to the extent provided in 11 U.S.C. § 507(a)(1).

☐ **Extensions of credit in an involuntary case**

Claims arising in the ordinary course of the debtor's business or financial affairs after the commencement of the case but before the earlier of the appointment of a trustee or the order for relief. 11 U.S.C. § 507(a)(3).

☐ **Wages, salaries, and commissions**

Wages, salaries, and commissions, including vacation, severance, and sick leave pay owing to employees and commissions owing to qualifying independent sales representatives up to \$12,475\* per person earned within 180 days immediately preceding the filing of the original petition, or the cessation of business, whichever occurred first, to the extent provided in 11 U.S.C. § 507(a)(4).

☐ **Contributions to employee benefit plans**

Money owed to employee benefit plans for services rendered within 180 days immediately preceding the filing of the original petition, or the cessation of business, whichever occurred first, to the extent provided in 11 U.S.C. § 507(a)(5).

☐ **Certain farmers and fishermen**

Claims of certain farmers and fishermen, up to \$6,150\* per farmer or fisherman, against the debtor, as provided in 11 U.S.C. § 507(a)(6).

☐ **Deposits by individuals**

Claims of individuals up to \$2,775\* for deposits for the purchase, lease, or rental of property or services for personal, family, or household use, that were not delivered or provided. 11 U.S.C. § 507(a)(7).

☐ **Taxes and Certain Other Debts Owed to Governmental Units**

Taxes, customs duties, and penalties owing to federal, state, and local governmental units as set forth in 11 U.S.C. § 507(a)(8).

☐ **Commitments to Maintain the Capital of an Insured Depository Institution**

Claims based on commitments to FDIC, RTC, Director of the Office of Thrift Supervision, Comptroller of the Currency, or Board of Governors of the Federal Reserve System, or their predecessors or successors, to maintain the capital of an insured depository institution. 11 U.S.C. § 507(a)(9).

☐ **Claims for Death or Personal Injury While Debtor Was Intoxicated**

Claims for death or personal injury resulting from the operation of a motor vehicle or vessel while the debtor was intoxicated from using alcohol, a drug, or another substance. 11 U.S.C. § 507(a)(10).

\* Amounts are subject to adjustment on 4/01/16, and every three years thereafter with respect to cases commenced on or after the date of adjustment.

**No continuation sheets attached**

B6F (Official Form 6F) (12/07)

In re Robert Shell Jr and Jeanne Miglieri-Shell,  
Debtor(s)

Case No. \_\_\_\_\_  
(if known)

## SCHEDULE F - CREDITORS HOLDING UNSECURED NONPRIORITY CLAIMS

State the name, mailing address, including zip code, and last four digits of any account number, of all entities holding unsecured claims without priority against the debtor or the property of the debtor, as of the date of filing of the petition. The complete account number of any account the debtor has with the creditor is useful to the trustee and the creditor and may be provided if the debtor chooses to do so. If a minor child is a creditor, state the child's initials and the name and address of the child's parent or guardian, such as "A.B., a minor child, by John Doe, guardian." Do not disclose the child's name. See, 11 U.S.C. §112 and Fed. R. Bankr. P. 1007(m). Do not include claims listed in Schedules D and E. If all creditors will not fit on this page, use the continuation sheet provided.

If any entity other than a spouse in a joint case may be jointly liable on a claim, place an "X" in the column labeled "Codebtor," include the entity on the appropriate schedule of creditors, and complete Schedule H - Codebtors. If a joint petition is filed, state whether the husband, wife, both of them, or the marital community may be liable on each claim by placing an "H," "W," "J," or "C" in the column labeled "Husband, Wife, Joint, or Community."

If the claim is contingent, place an "X" in the column labeled "Contingent." If the claim is unliquidated, place an "X" in the column labeled "Unliquidated." If the claim is disputed, place an "X" in the column labeled "Disputed." (You may need to place an "X" in more than one of these three columns.)

Report total of all claims listed on this schedule in the box labeled "Total" on the last sheet of the completed schedules. Report this total also on the Summary of Schedules, and, if the debtor is an individual with primarily consumer debts, report this total also on the Statistical Summary of Certain Liabilities and Related Data.

☐ Check this box if debtor has no creditors holding unsecured claims to report on this Schedule F.

Creditor's Name, Mailing Address including Zip Code, And Account Number (See instructions above.)	Co-Debtor	Date Claim was Incurred, and Consideration for Claim. If Claim is Subject to Setoff, so State.	Contingent	Unliquidated	Disputed	Amount of Claim
Account No: 7112 Creditor # : 1 ABC Credit & Recovery RE: Genesis Clinical Services PO BOX 3722 Lisle IL 60532-8722	J	2010-2015 Collection on Medical Bills				\$ 610.00
Account No: Creditor # : 2 ACL Laboratories Attn: Patient Accts 8901 W Lincoln Ave Milwaukee WI 53227	J	2010-2015 Medical Bills Various accounts				\$ 576.00
Account No: 4530 Creditor # : 3 Activity Collection Services Inc. RE: Hickory Hills Dental 664 Milwaukee Ave Prospect Heights IL 60070	J	2010-2015 Dental Bills				\$ 169.00
17 continuation sheets attached						Subtotal \$
						\$ 1,355.00
						Total \$
(Use only on last page of the completed Schedule F. Report also on Summary of Schedules and, if applicable, on the Statistical Summary of Certain Liabilities and Related						

B6F (Official Form 6F) (12/07) - Cont.

In re Robert Shell Jr and Jeanne Miglieri-Shell,  
Debtor(s)

Case No. \_\_\_\_\_  
(if known)

## SCHEDULE F - CREDITORS HOLDING UNSECURED NONPRIORITY CLAIMS

(Continuation Sheet)

Creditor's Name, Mailing Address including Zip Code, And Account Number (See instructions above.)	Co-Debtor	Date Claim was Incurred, and Consideration for Claim. If Claim is Subject to Setoff, so State.	Contingent	Unliquidated	Disputed	Amount of Claim
Account No: Creditor # : 4 Advanced Health Services Attn: Patient Accts 10646 165th Street Orland Park IL 60467	J	2010-2015 Medical Bills				\$ 680.00
Account No: 9751 Creditor # : 5 Advanced Pain & Anesthesia PC Attn: Patient Accts 75 Remittance Dr #6232 Chicago IL 60675-6232	J	2010-2015 Medical Bills				\$ 23.00
Account No: 1950 Creditor # : 6 Advocate Christ Medical Center Attn: Patient Accts 4440 West 95th Street Oak Lawn IL 60453	J	2010-2015 Medical Bills				\$ 81.00
Account No: 7574 Creditor # : 7 Advocate Christ Medical Center Attn: Patient Accts 4440 West 95th Street Oak Lawn IL 60453	J	2010-2015 Medical Bills				\$ 831.00
Account No: 8731 Creditor # : 8 Advocate Christ Medical Center Attn: Patient Accts 4440 West 95th Street Oak Lawn IL 60453	J	2010-2015 Medical Bills				\$ 185.00

Sheet No. 1 of 17 continuation sheets attached to Schedule of  
Creditors Holding Unsecured Nonpriority Claims

Subtotal \$ \$ 1,800.00

Total \$

(Use only on last page of the completed Schedule F. Report also on Summary of Schedules and, if applicable, on the Statistical Summary of Certain Liabilities and Related

B6F (Official Form 6F) (12/07) - Cont.

In re Robert Shell Jr and Jeanne Miglieri-Shell,  
Debtor(s)

Case No. \_\_\_\_\_  
(if known)

## SCHEDULE F - CREDITORS HOLDING UNSECURED NONPRIORITY CLAIMS

(Continuation Sheet)

Creditor's Name, Mailing Address including Zip Code, And Account Number (See instructions above.)	Co-Debtor	Date Claim was Incurred, and Consideration for Claim. If Claim is Subject to Setoff, so State.	Contingent	Unliquidated	Disputed	Amount of Claim
Account No: Creditor # : 9 Advocate Christ Medical Center Attn: Patient Accts 4440 West 95th Street Oak Lawn IL 60453	J	2010-2015 Medical Bills				\$ 40.00
Account No: 4000 Creditor # : 10 Advocate Condell Medical Ctr Attn: Patient Accts 97169 Eagle Way Chicago IL 60678-9710	H	2015 Medical bill				\$ 510.00
Account No: 8194 Creditor # : 11 Advocate Condell Medical Ctr Attn: Patient Accts 97169 Eagle Way Chicago IL 60678-9710	J	2010-2015 Medical Bills				\$ 509.00
Account No: 0231 Creditor # : 12 Advocate Condell Medical Ctr Attn: Patient Accts 97169 Eagle Way Chicago IL 60678-9710	J	2010-2015 Medical Bills				\$ 311.00
Account No: 2676 Creditor # : 13 Advocate Medical Group Attn: Patient Accounts 701 Lee Street Des Plaines IL 60016	J	2010-2015 Medical Bills				\$ 777.00

Sheet No. 2 of 17 continuation sheets attached to Schedule of  
Creditors Holding Unsecured Nonpriority Claims

Subtotal \$ \$ 2,147.00

Total \$

(Use only on last page of the completed Schedule F. Report also on Summary of Schedules and, if applicable, on the Statistical Summary of Certain Liabilities and Related

B6F (Official Form 6F) (12/07) - Cont.

In re Robert Shell Jr and Jeanne Miglieri-Shell,  
Debtor(s)

Case No. \_\_\_\_\_  
(if known)

## SCHEDULE F - CREDITORS HOLDING UNSECURED NONPRIORITY CLAIMS

(Continuation Sheet)

Creditor's Name, Mailing Address including Zip Code, And Account Number (See instructions above.)	Co-Debtor	Date Claim was Incurred, and Consideration for Claim. If Claim is Subject to Setoff, so State.	Contingent	Unliquidated	Disputed	Amount of Claim
Account No: 6308 Creditor # : 14 Advocate Medical Group Attn: Patient Accounts 701 Lee Street Des Plaines IL 60016	J	2010-2015 Medical Bills				\$ 847.00
Account No: 4843 Creditor # : 15 Allied Waste Services Attn: Collections 13701 S Kostner Crestwood IL 60445	J	2010-2015 Garbage Collection				\$ 125.00
Account No: 0562 Creditor # : 16 American Coradius Inc RE: JP Morgan Chase 2420 Sweet Home Rd, #150 Amherst NY 14228-2244	J	2010-2015 Notice to Collector				\$ 0.00
Account No: 5885 Creditor # : 17 American Credit Systems RE Oak Lawn Fire Dept 400 W. Lake St #111 Roselle IL 60172-0849	W	2015 Collection				\$ 690.00
Account No: 3705 Creditor # : 18 AMO Recoveries RE: Primary Healthcare Assoc 5655 Peachtree Pkwy #213 Norcross GA 30092	J	2010-2015 Collection on Medical Bills				\$ 350.00

Sheet No. 3 of 17 continuation sheets attached to Schedule of  
Creditors Holding Unsecured Nonpriority Claims

Subtotal \$ \$ 2,012.00

Total \$

(Use only on last page of the completed Schedule F. Report also on Summary of Schedules and, if applicable, on the Statistical Summary of Certain Liabilities and Related



B6F (Official Form 6F) (12/07) - Cont.

In re Robert Shell Jr and Jeanne Miglieri-Shell,  
Debtor(s)

Case No. \_\_\_\_\_  
(if known)

## SCHEDULE F - CREDITORS HOLDING UNSECURED NONPRIORITY CLAIMS

(Continuation Sheet)

Creditor's Name, Mailing Address including Zip Code, And Account Number (See instructions above.)	Co-Debtor H--Husband W--Wife J--Joint C--Community	Date Claim was Incurred, and Consideration for Claim. If Claim is Subject to Setoff, so State.	Contingent	Unliquidated	Disputed	Amount of Claim
Account No: 7347 Creditor # : 19 Arnold Scott Harris, P.C. RE: Illinois Tollway 111 W. Jackson Blvd #600 Chicago IL 60604	J	2010-2015 Collection on Tollway Fines				\$ 286.00
Account No: Creditor # : 20 Associates in Sleep Medicine Attn: Patient Accts 1250 Rickert Dr #100 Naperville IL 60540	J	2010-2015 Medical Bills				\$ 25.00
Account No: 7172 Creditor # : 21 Athletic & Therapeutic Inst Attn: Patient Accts 4947 Paysphere Circle Chicago IL 60674-4947	J	2010-2015 Medical Bills				\$ 150.00
Account No: 8864 Creditor # : 22 Central Stickney Fire Protection Attn: Collections PO BOX 438495 Chicago IL 60643	J	2010-2015 Medical Bills				\$ 959.00
Account No: 0125 Creditor # : 23 Certified Services Inc. RE: Claymore Med Grp 1733 Washington St, #2 Waukegan IL 60085	J	2010-2015 Collection on Medical Bills				\$ 338.00
<p>Sheet No. <u>4</u> of <u>17</u> continuation sheets attached to Schedule of Creditors Holding Unsecured Nonpriority Claims</p> <p style="text-align: right;"><b>Subtotal \$</b> <span style="float: right;"><b>\$ 1,758.00</b></span></p> <p style="text-align: right;"><b>Total \$</b></p>						

(Use only on last page of the completed Schedule F. Report also on Summary of Schedules and, if applicable, on the Statistical Summary of Certain Liabilities and Related

B6F (Official Form 6F) (12/07) - Cont.

In re Robert Shell Jr and Jeanne Miglieri-Shell,  
Debtor(s)

Case No. \_\_\_\_\_  
(if known)

## SCHEDULE F - CREDITORS HOLDING UNSECURED NONPRIORITY CLAIMS

(Continuation Sheet)

Creditor's Name, Mailing Address including Zip Code, And Account Number (See instructions above.)	Co-Debtor	Date Claim was Incurred, and Consideration for Claim. If Claim is Subject to Setoff, so State.	Contingent	Unliquidated	Disputed	Amount of Claim
Account No: 0562 Creditor # : 24 Chase Bank USA, N.A. Attn: Bankruptcy Dept 340 S. Cleveland Ave Bldg 370 Westerville OH 43081	J	2010-2015 Overdraft Account				\$ 211.00
Account No: 8818 Creditor # : 25 Christ Hospital Attn: Patient Accounts PO Box 4256 Carol Stream IL 60197-4256	W	2015 Medical bill				\$ 336.00
Account No: 2209 Creditor # : 26 Christ Medical Group Attn: Patient Accounts 701 Lee Street Des Plaines IL 60016	J	2010-2015 Medical Bills				\$ 38.00
Account No: 1084 Creditor # : 27 City of Blue Island Attn: Bankruptcy Dept 13051 Greenwood Ave Blue Island IL 60406	W	2015 Ticket				\$ 250.00
Account No: 8198 Creditor # : 28 Closer Look Imaging, LLC Attn: Patient Accts 8930 Waukegan Rd #130 Morton Grove IL 60053	J	2010-2015 Medical Bills				\$ 30.00

Sheet No. 5 of 17 continuation sheets attached to Schedule of  
Creditors Holding Unsecured Nonpriority Claims

Subtotal \$ \$ 865.00

Total \$

(Use only on last page of the completed Schedule F. Report also on Summary of Schedules and, if applicable, on the Statistical Summary of Certain Liabilities and Related

B6F (Official Form 6F) (12/07) - Cont.

In re Robert Shell Jr and Jeanne Miglieri-Shell,  
Debtor(s)

Case No. \_\_\_\_\_  
(if known)

## SCHEDULE F - CREDITORS HOLDING UNSECURED NONPRIORITY CLAIMS

(Continuation Sheet)

Creditor's Name, Mailing Address including Zip Code, And Account Number (See instructions above.)	Co-Debtor	Date Claim was Incurred, and Consideration for Claim. If Claim is Subject to Setoff, so State.	Contingent	Unliquidated	Disputed	Amount of Claim
Account No: 3543 Creditor # : 29 CMRE Financial Services RE: Radiology Imaging 3075 E. Imperial Hwy, #200 Brea CA 92821	J	2010-2015 Collection on Medical Bills				\$ 1,081.00
Account No: 0740 Creditor # : 30 Coast to Coast Financial Solutions RE: Allied Wast Services 101 Hodencamp Rd #120 Thousand Oaks CA 91360	J	2010-2015 Notice to Collector				\$ 0.00
Account No: 1036 Creditor # : 31 Commonwealth Edison Attn: Bankruptcy Dept 2100 Swift Drive Oak Brook IL 60523-9644	W	2015 Utility Bills Acct: 2026051036				\$ 1,100.00
Account No: 3073 Creditor # : 32 Commonwealth Edison Attn: Bankruptcy Dept 2100 Swift Drive Oak Brook IL 60523-9644	J	2010-2015 Utility Bills Acct no 8928153073				\$ 323.00
Account No: 5606 Creditor # : 33 Convergent Outsourcing Inc RE: LVNV Capital One PO Box 9004 Renton WA 98057	W	2015 Collection				\$ 1,802.00

Sheet No. 6 of 17 continuation sheets attached to Schedule of  
Creditors Holding Unsecured Nonpriority Claims

Subtotal \$ \$ 4,306.00  
Total \$

(Use only on last page of the completed Schedule F. Report also on Summary of  
Schedules and, if applicable, on the Statistical Summary of Certain Liabilities and Related

B6F (Official Form 6F) (12/07) - Cont.

In re Robert Shell Jr and Jeanne Miglieri-Shell,

Case No. \_\_\_\_\_  
(if known)

Debtor(s)

# **SCHEDULE F - CREDITORS HOLDING UNSECURED NONPRIORITY CLAIMS**

(Continuation Sheet)

Creditor's Name, Mailing Address including Zip Code, And Account Number (See instructions above.)	Co-Debtor	Date Claim was Incurred, and Consideration for Claim. If Claim is Subject to Setoff, so State.	Contingent	Unliquidated	Disputed	Amount of Claim
Account No: 5766 Creditor # : 34 Cook County State Attorney Re Bad Check Program PO Box A3984 Chicago IL 60690-3984	J	2010-2015 Collection				\$ 264.00
Account No: 7632 Creditor # : 35 Credit Collection Svc Acct: Commonwealth Edison 2 Wells Ave Newton Center MA 02459	W	2015 Notice				\$ 0.00
Account No: 4006 Creditor # : 36 Credit Management RE: US Cellular 4200 International Pkwy Carrollton TX 75007	J	2010-2015 Collection				\$ 273.00
Account No: 3551 Creditor # : 37 DirectV Attn: Collections PO BOX 6550 Greenwood Villag CO 80155-6550	J	2010-2015 Cable Television				\$ 234.00
Account No: 6651 Creditor # : 38 Diversified Consultants Inc. RE: DirecTV 10550 Deerwood Park Blvd Jacksonville FL 32256-0596	J	2010-2015 Notice to Collector				\$ 0.00

Sheet No. 7 of 17 continuation sheets attached to Schedule of  
Creditors Holding Unsecured Nonpriority Claims

**Subtotal \$** \$ 771.00  
**Total \$**

(Use only on last page of the completed Schedule F. Report also on Summary of Schedules and, if applicable, on the Statistical Summary of Certain Liabilities and Related

B6F (Official Form 6F) (12/07) - Cont.

In re Robert Shell Jr and Jeanne Miglieri-Shell,  
Debtor(s)

Case No. \_\_\_\_\_  
(if known)

## SCHEDULE F - CREDITORS HOLDING UNSECURED NONPRIORITY CLAIMS

(Continuation Sheet)

Creditor's Name, Mailing Address including Zip Code, And Account Number (See instructions above.)	Co-Debtor	Date Claim was Incurred, and Consideration for Claim. If Claim is Subject to Setoff, so State.	Contingent	Unliquidated	Disputed	Amount of Claim
Account No: Creditor # : 39 Donald R Steinmuller MD SC Attn: Patient Accts 6 E. Phillips Rd #1104 Vernon Hills IL 60061	J	2010-2015 Medical Bills				\$ 127.00
Account No: 0988 Creditor # : 40 Elite Dental Care RE Patient Accts 4121 Fairview Ave #205 Downers Grove IL 60515	J	2014 Medical bill				\$ 194.00
Account No: 0273 Creditor # : 41 Financial Control Solutions RE: ACL Inc. PO Box 688 Germantown WI 53022-0668	J	2010-2015 Notice to Collector				\$ 0.00
Account No: 7964 Creditor # : 42 First Cash Advance, IL C#378 Attn: Bankruptcy Dept 7001 Post Road #300 Dublin OH 43016	J	2010-2015 Loan				\$ 233.00
Account No: 5856 Creditor # : 43 First National Collection Bur. RE: LVNV Funding LLC 610 Waltham Way Sparks NV 89434	J	2010-2015 Collection				\$ 1,883.00
<p>Sheet No. <u>8</u> of <u>17</u> continuation sheets attached to Schedule of Creditors Holding Unsecured Nonpriority Claims</p> <p style="text-align: right;"><b>Subtotal \$</b> <span style="float: right;"><b>\$ 2,437.00</b></span></p> <p style="text-align: right;"><b>Total \$</b></p>						

(Use only on last page of the completed Schedule F. Report also on Summary of Schedules and, if applicable, on the Statistical Summary of Certain Liabilities and Related

B6F (Official Form 6F) (12/07) - Cont.

In re Robert Shell Jr and Jeanne Miglieri-Shell,  
Debtor(s)

Case No. \_\_\_\_\_  
(if known)

## SCHEDULE F - CREDITORS HOLDING UNSECURED NONPRIORITY CLAIMS

(Continuation Sheet)

Creditor's Name, Mailing Address including Zip Code, And Account Number (See instructions above.)	Co-Debtor	Date Claim was Incurred, and Consideration for Claim. If Claim is Subject to Setoff, so State.	Contingent	Unliquidated	Disputed	Amount of Claim
	H--Husband W--Wife J--Joint C--Community					
Account No: 0498 Creditor # : 44 Frost Arnett Company RE: Timberline Knolls PO BOX 198988 Nashville TN 37219-8988	J	2010-2015 Notice to Collector				\$ 0.00
Account No: 0006 Creditor # : 45 G. I. Associates Attn: Patient Accts 10500 S. Cicero Oak Lawn IL 60453	J	2010-2015 Medical Bills				\$ 40.00
Account No: Creditor # : 46 GK Medical Management Attn: Patient Accts PO BOX 1208 Morton Grove IL 60053-7208	J	2010-2015 Medical Bills				\$ 30.00
Account No: 4857 Creditor # : 47 Heart Care Centers of Illinois Attn: Patient Accts 11035 S. Central Park Ave Chicago IL 60655-3306	J	2010-2015 Medical Bills				\$ 25.00
Account No: 0002 Creditor # : 48 HeartCare Cardiovascular Specialists SC Attn: Bankruptcy Dept 755 S Milwaukee Ave #263 Libertyville IL 60048	J	2010-2015 Medical Bills				\$ 124.00
<p>Sheet No. <u>9</u> of <u>17</u> continuation sheets attached to Schedule of Creditors Holding Unsecured Nonpriority Claims</p> <p style="text-align: right;"><b>Subtotal \$</b> <span style="float: right;"><b>\$ 219.00</b></span> <b>Total \$</b></p> <p style="text-align: center; font-size: small;">(Use only on last page of the completed Schedule F. Report also on Summary of Schedules and, if applicable, on the Statistical Summary of Certain Liabilities and Related</p>						

B6F (Official Form 6F) (12/07) - Cont.

In re Robert Shell Jr and Jeanne Miglieri-Shell,  
Debtor(s)

Case No. \_\_\_\_\_  
(if known)

## SCHEDULE F - CREDITORS HOLDING UNSECURED NONPRIORITY CLAIMS

(Continuation Sheet)

Creditor's Name, Mailing Address including Zip Code, And Account Number (See instructions above.)	Co-Debtor	Date Claim was Incurred, and Consideration for Claim. If Claim is Subject to Setoff, so State.	Contingent	Unliquidated	Disputed	Amount of Claim
	H--Husband W--Wife J--Joint C--Community					
Account No: Creditor # : 49 High Technology Inc. Advocate Medical Sv 4440 W. 95th St Oak Lawn IL 60453	J	2010-2015 Medical Bills				\$ 96.00
Account No: 3965 Creditor # : 50 Illinois Collection Service RE: Acmc Physician Services PO BOX 1010 Tinley Park IL 60477-9110	J	2010-2015 Collection on Medical Bills				\$ 305.00
Account No: 9554 Creditor # : 51 Illinois Collection Service RE: Lawn Medical Ctr PO BOX 1010 Tinley Park IL 60477-9110	J	2010-2015 Notice to Collector				\$ 0.00
Account No: 6863 Creditor # : 52 Illinois Eye Institute Attn: Patient Accts 3241 S Michigan Ave Chicago IL 60616	J	2010-2015 Medical Bills				\$ 153.00
Account No: 1120 Creditor # : 53 Illinois Eye Institute RE Patient Accts 3241 S. Michigan Ave Chicago IL 60616	W	2014 Medical bill				\$ 137.00
Sheet No. 10 of 17 continuation sheets attached to Schedule of Creditors Holding Unsecured Nonpriority Claims						Subtotal \$ 691.00 Total \$

(Use only on last page of the completed Schedule F. Report also on Summary of Schedules and, if applicable, on the Statistical Summary of Certain Liabilities and Related

B6F (Official Form 6F) (12/07) - Cont.

In re Robert Shell Jr and Jeanne Miglieri-Shell,  
Debtor(s)

Case No. \_\_\_\_\_  
(if known)

## SCHEDULE F - CREDITORS HOLDING UNSECURED NONPRIORITY CLAIMS

(Continuation Sheet)

Creditor's Name, Mailing Address including Zip Code, And Account Number (See instructions above.)	Co-Debtor	Date Claim was Incurred, and Consideration for Claim. If Claim is Subject to Setoff, so State.	Contingent	Unliquidated	Disputed	Amount of Claim
Account No:	H	2015 Notice				\$ 0.00
Creditor # : 54 Illinois Secretary of State Safety Responsibility Dept 2701 S. Dirksen Pkwy Springfield IL 62723						
Account No:	J	2015 Notice to Agency				\$ 0.00
Creditor # : 55 Illinois Secretary of State RE Support Services 201 S. Second St #212 Springfield IL 62756						
Account No: 0588	J	2010-2015 Medical Bills				\$ 618.00
Creditor # : 56 Infinity Healthcare Physicians SC Attn: Patient Accts 111 E. Wisconsin Ave #2000 Milwaukee WI 53202						
Account No: 2862	J	2010-2015 Collection				\$ 492.00
Creditor # : 57 J. Mark Heldenbrand PC RE: 1st Loans Financial 2532 East University Dr #E350 Phoenix AZ 85034						
Account No: 3844	J	2010-2015 Medical Bills				\$ 47.00
Creditor # : 58 JR Nephrology Attn: Patient Accts 4542 W. 95th Street Oak Lawn IL 60453-2627						

Sheet No. 11 of 17 continuation sheets attached to Schedule of  
Creditors Holding Unsecured Nonpriority Claims

Subtotal \$ \$ 1,157.00

Total \$

(Use only on last page of the completed Schedule F. Report also on Summary of Schedules and, if applicable, on the Statistical Summary of Certain Liabilities and Related



B6F (Official Form 6F) (12/07) - Cont.

In re Robert Shell Jr and Jeanne Miglieri-Shell,  
Debtor(s)

Case No. \_\_\_\_\_  
(if known)

## SCHEDULE F - CREDITORS HOLDING UNSECURED NONPRIORITY CLAIMS

(Continuation Sheet)

Creditor's Name, Mailing Address including Zip Code, And Account Number (See instructions above.)	Co-Debtor	Date Claim was Incurred, and Consideration for Claim. If Claim is Subject to Setoff, so State.	Contingent	Unliquidated	Disputed	Amount of Claim
Account No: 2354 Creditor # : 59 Lake County Radiology Assoc Attn: Patient Accts 36104 Treasury Ctr Chicago IL 60694-6100	J	2010-2015 Medical Bills				\$ 6.00
Account No: Creditor # : 60 Law Office of Harry Chiles RE: State Farm Mutual 1737 S. Naperville Rd #207 Wheaton IL 60187	H	2012 Auto Accident Claim Cook County Case 12 M5 002753				\$ 58,115.00
Account No: Creditor # : 61 Law Office of Yudkin & Brebner RE State Farm Mutual 860 Northpoint Blvd Waukegan IL 60085	H	2014 Auto Accident Claim Cook County Case 14 M1 10125				\$ 8,520.00
Account No: 5810 Creditor # : 62 Lawn Medical Center SC Attn: Patient Accts 4301 W 95th Street Oak Lawn IL 60453-2670	W	2010-2015 Medical bill				\$ 25.00
Account No: 1126 Creditor # : 63 Lawn Medical Center SC Attn: Patient Accts 4301 W 95th Street Oak Lawn IL 60453-2670	H	2010-2015 Medical Bills				\$ 62.00

Sheet No. 12 of 17 continuation sheets attached to Schedule of  
Creditors Holding Unsecured Nonpriority Claims

Subtotal \$ 66,728.00  
Total \$

(Use only on last page of the completed Schedule F. Report also on Summary of Schedules and, if applicable, on the Statistical Summary of Certain Liabilities and Related

B6F (Official Form 6F) (12/07) - Cont.

In re Robert Shell Jr and Jeanne Miglieri-Shell,  
Debtor(s)

Case No. \_\_\_\_\_  
(if known)

## SCHEDULE F - CREDITORS HOLDING UNSECURED NONPRIORITY CLAIMS

(Continuation Sheet)

Creditor's Name, Mailing Address including Zip Code, And Account Number (See instructions above.)	Co-Debtor	Date Claim was Incurred, and Consideration for Claim. If Claim is Subject to Setoff, so State.	Contingent	Unliquidated	Disputed	Amount of Claim
Account No: 8599 Creditor # : 64 Lawn Medical Center SC Attn: Patient Accts 4301 W 95th Street Oak Lawn IL 60453-2670	H	2010-2015 Medical Bills				\$ 80.00
Account No: 2340 Creditor # : 65 Lincare Inc. Attn: Patient Accts PO BOX 105760 Atlanta GA 30348-5760	J	2010-2015 Medical Bills				\$ 11.00
Account No: 2454 Creditor # : 66 Medical Recovery Specialist LLC RE: Elmhurst Mem Hosp 2250 E. Devon Ave #352 Des Plaines IL 60018-4521	J	2010-2015 Collection on Medical Bills				\$ 40.00
Account No: Creditor # : 67 Midwest Anesthesiologists LTD Attn: Patient Accts 4440 W. 95th St Oak Lawn IL 60453	J	2010-2015 Medical Bills				\$ 25.00
Account No: 4560 Creditor # : 68 Midwest Diagnostic Pathology Attn: Patient Accts 75 Remittance Dr, #3070 Chicago IL 60675-3070	J	2010-2015 Medical Bills				\$ 44.00

Sheet No. 13 of 17 continuation sheets attached to Schedule of  
Creditors Holding Unsecured Nonpriority Claims

Subtotal \$ \$ 200.00

Total \$

(Use only on last page of the completed Schedule F. Report also on Summary of Schedules and, if applicable, on the Statistical Summary of Certain Liabilities and Related

B6F (Official Form 6F) (12/07) - Cont.

In re Robert Shell Jr and Jeanne Miglieri-Shell,  
Debtor(s)

Case No. \_\_\_\_\_  
(if known)

## SCHEDULE F - CREDITORS HOLDING UNSECURED NONPRIORITY CLAIMS

(Continuation Sheet)

Creditor's Name, Mailing Address including Zip Code, And Account Number (See instructions above.)	Co-Debtor	Date Claim was Incurred, and Consideration for Claim. If Claim is Subject to Setoff, so State.	Contingent	Unliquidated	Disputed	Amount of Claim
Account No: 9422 Creditor # : 69 MiraMed Revenue Group, LLC RE: Linden Oaks Hospital 991 Oak Creek Dr Lombard IL 60148	J	2010-2015 Collection on Medical Bills				\$ 15,215.00
Account No: 3570 Creditor # : 70 Nationwide Credit & Collection RE: Southwest Nephrology Asso 815 Commerce Dr #100 Oak Brook IL 60523	J	2010-2015 Collection on Medical Bills				\$ 25.00
Account No: 7775 Creditor # : 71 Oaklawn Radiology Imaging Consult Attn: Patient Accts 37241 Eagle Way Chicago IL 60678-1372	W	2010-2015 Medical Bills				\$ 1,746.00
Account No: 7514 Creditor # : 72 Oaklawn Radiology Imaging Consult Attn: Patient Accts 37241 Eagle Way Chicago IL 60678-1372	J	2010-2015 Medical Bills				\$ 49.00
Account No: 5463 Creditor # : 73 Pain Specialists of Greater Chicago Attn: Patient Accts 7055 High Grove Blvd #100 Burr Ridge IL 60527-7593	J	2010-2015 Medical Bills				\$ 135.00

Sheet No. 14 of 17 continuation sheets attached to Schedule of  
Creditors Holding Unsecured Nonpriority Claims

Subtotal \$ 17,170.00  
Total \$

(Use only on last page of the completed Schedule F. Report also on Summary of Schedules and, if applicable, on the Statistical Summary of Certain Liabilities and Related

B6F (Official Form 6F) (12/07) - Cont.

In re Robert Shell Jr and Jeanne Miglieri-Shell,  
Debtor(s)

Case No. \_\_\_\_\_  
(if known)

## SCHEDULE F - CREDITORS HOLDING UNSECURED NONPRIORITY CLAIMS

(Continuation Sheet)

Creditor's Name, Mailing Address including Zip Code, And Account Number (See instructions above.)	Co-Debtor H--Husband W--Wife J--Joint C--Community	Date Claim was Incurred, and Consideration for Claim. If Claim is Subject to Setoff, so State.	Contingent	Unliquidated	Disputed	Amount of Claim
Account No: 0561 Creditor # : 74 Primary Healthcare Assoc Attn: Patient Accts PO BOX 1119 Matteson IL 60443	J	2010-2015 Medical Bills				\$ 350.00
Account No: Creditor # : 75 Quest Diagnostic Attn: Patient Billing 1355 Mittel Blvd Wood Dale IL 60191-1024	J	2010-2015 Medical Bills Various accounts				\$ 11.00
Account No: 6810 Creditor # : 76 Radiology Imaging Consultants SC Attn: Patient Accts 75 Remittance Dr Dept 1324 Chicago IL 60675	J	2010-2015 Medical Bills				\$ 277.00
Account No: 2586 Creditor # : 77 Radiology Imaging Specialists LTD Attn: Patient Accts 39645 Treasury Center Chicago IL 60694-9000	J	2010-2015 Medical Bills				\$ 55.00
Account No: 3201 Creditor # : 78 Regional Adjustment Bureau RE: Texas Guarantee Student L PO BOX 34111 Memphis TN 38106	J	2010-2015 Collection on Student Loan				\$ 807.00
<div style="display: flex; justify-content: space-between;"> <div> Sheet No. 15 of 17 continuation sheets attached to Schedule of Creditors Holding Unsecured Nonpriority Claims </div> <div> <b>Subtotal \$</b> <b>Total \$</b> </div> </div>						\$ 1,500.00

(Use only on last page of the completed Schedule F. Report also on Summary of Schedules and, if applicable, on the Statistical Summary of Certain Liabilities and Related

B6F (Official Form 6F) (12/07) - Cont.

In re Robert Shell Jr and Jeanne Miglieri-Shell,  
Debtor(s)

Case No. \_\_\_\_\_  
(if known)

## SCHEDULE F - CREDITORS HOLDING UNSECURED NONPRIORITY CLAIMS

(Continuation Sheet)

Creditor's Name, Mailing Address including Zip Code, And Account Number (See instructions above.)	Co-Debtor	Date Claim was Incurred, and Consideration for Claim. If Claim is Subject to Setoff, so State.	Contingent	Unliquidated	Disputed	Amount of Claim
Account No:	J	2010-2015 Notice				\$ 0.00
Creditor # : 79 Texas Guaranteed Student Loan Corp						
Account No: 2309	J	2010-2015 Collection on Medical Bills				\$ 11,974.00
Creditor # : 80 Thomas F. Courtney & Assoc. P.C. RE: Palos Community Hosp 7000 West 127th Street Palos Heights IL 60463-1558						
Account No: 0498	J	2010-2015 Medical Bills				\$ 210.00
Creditor # : 81 Timberline Knolls Attn: Patient Accts 40 Timberline Dr Lemont IL 60439-3848						
Account No: 7172	J	2010-2015 Notice to Collector				\$ 0.00
Creditor # : 82 Transworld Systems Inc. RE: ATI Physical Therapy PO BOX 17221 Wilmington DE 19850						
Account No: 9053	J	2010-2015 Notice to Collector				\$ 0.00
Creditor # : 83 Trustmark Recovery Services RE: Oaklawn Radiology Imaging 541 Otis Bowen Dr Munster IN 46321						

Sheet No. 16 of 17 continuation sheets attached to Schedule of  
Creditors Holding Unsecured Nonpriority Claims

Subtotal \$ \$ 12,184.00

Total \$

(Use only on last page of the completed Schedule F. Report also on Summary of Schedules and, if applicable, on the Statistical Summary of Certain Liabilities and Related

B6F (Official Form 6F) (12/07) - Cont.

In re Robert Shell Jr and Jeanne Miglieri-Shell,

Case No. \_\_\_\_\_

Debtor(s)

(if known)

## SCHEDULE F - CREDITORS HOLDING UNSECURED NONPRIORITY CLAIMS

(Continuation Sheet)

Creditor's Name, Mailing Address including Zip Code, And Account Number (See instructions above.)	Co-Debtor	Date Claim was Incurred, and Consideration for Claim. If Claim is Subject to Setoff, so State.	Contingent	Unliquidated	Disputed	Amount of Claim
Account No: 0562 Creditor # : 84 United Recovery Systems RE: JP Morgan Chase PO Box 722929 Houston TX 77272-2929	J	2010-2015 Notice to Collector				\$ 0.00
Account No: 3201 Creditor # : 85 Van Ru Credit RE: Texas Guarentee Loan 11745 W Bradley Rd Milwaukee WI 53224-2531	J	2010-2015 Notice to Collector				\$ 0.00
Account No:						
Account No:						
Account No:						

Sheet No. 17 of 17 continuation sheets attached to Schedule of  
Creditors Holding Unsecured Nonpriority Claims

Subtotal \$ \$ 0.00

Total \$ \$ 117,300.00

(Use only on last page of the completed Schedule F. Report also on Summary of Schedules and, if applicable, on the Statistical Summary of Certain Liabilities and Related

In re Robert Shell Jr and Jeanne Miglieri-Shell / Debtor Case No. \_\_\_\_\_  
(if known)

## SCHEDULE G-EXECUTORY CONTRACTS AND UNEXPIRED LEASES

Describe all executory contracts of any nature and all unexpired leases of real or personal property. Include any timeshare interests. State the nature of debtor's interests in contract, i.e., "Purchaser," "Agent," etc. State whether debtor is the lessor or lessee of a lease. Provide the names and complete mailing addresses of all other parties to each lease or contract described. If a minor child is a party to one of the leases or contracts, state the child's initials and the name and address of the child's parent or guardian, such as "A.B., a minor child, by John Doe, guardian." Do not disclose the child's name. See, 11 U.S.C. §112 and Fed. R. Bankr. P. 1007(m).

☒ Check this box if the debtor has no executory contracts or unexpired leases.

Name and Mailing Address, Including Zip Code, of Other Parties to Lease or Contract.	Description of Contract or Lease and Nature of Debtor's Interest. State whether Lease is for Nonresidential Real Property. State Contract Number of any Government Contract.

In re Robert Shell Jr and Jeanne Miglieri-Shell / Debtor Case No. \_\_\_\_\_  
(if known)

## SCHEDULE H-CODEBTORS

Provide the information requested concerning any person or entity, other than a spouse in a joint case, that is also liable on any debts listed by the debtor in the schedules of creditors. Include all guarantors and co-signers. If the debtor resides or resided in a community property state, commonwealth, or territory (including Alaska, Arizona, California, Idaho, Louisiana, Nevada, New Mexico, Puerto Rico, Texas, Washington, or Wisconsin) within the eight year period immediately preceeding the commencement of the case, identify the name of the debtors spouse and of any former spouse who resides or resided with the debtor in the community property state, commonwealth, or territory. Include all names used by the nondebtor spouse during the eight years immediately preceding the commencement of this case. If a minor child is a codebtor or a creditor, state the child's initials and the name and address of the child's parent or guardian, such as "A.B., a minor child, by John Doe, guardian." Do not disclose the child's name. See, 11 U.S.C. §112 and Fed. R. Bankr. P. 1007(m).

☒ Check this box if the debtor has no codebtors.

Name and Address of Codebtor	Name and Address of Creditor



**Fill in this information to identify your case:**

Debtor 1 Robert Shell Jr  
First Name Middle Name Last Name

Debtor 2 Jeanne Miglieri-Shell  
(Spouse, if filing) First Name Middle Name Last Name

United States Bankruptcy Court for the: NORTHERN District of ILLINOIS

Case number \_\_\_\_\_  
(If known)

Check if this is:

- ☐ An amended filing
- ☐ A supplement showing post-petition chapter 13 income as of the following date:

MM / DD / YYYY

**Official Form B 6I**

**Schedule I: Your Income**

12/13

Be as complete and accurate as possible. If two married people are filing together (Debtor 1 and Debtor 2), both are equally responsible for supplying correct information. If you are married and not filing jointly, and your spouse is living with you, include information about your spouse. If you are separated and your spouse is not filing with you, do not include information about your spouse. If more space is needed, attach a separate sheet to this form. On the top of any additional pages, write your name and case number (if known). Answer every question.

**Part 1: Describe Employment**

**1. Fill in your employment information.**

If you have more than one job, attach a separate page with information about additional employers.

Include part-time, seasonal, or self-employed work.

Occupation may include student or homemaker, if it applies.

**Employment status**

- ☒ Employed  
☐ Not employed

- ☐ Employed  
☒ Not employed

**Occupation**

Driver - Security

**Employer's name**

Hearland Alliance

**Employer's address**

208 S. LaSalle St #1300

Number Street

Number Street

Chicago IL 60604

City State ZIP Code

City State ZIP Code

**How long employed there?** 1.5 yrs

**Part 2: Give Details About Monthly Income**

**Estimate monthly income as of the date you file this form.** If you have nothing to report for any line, write \$0 in the space. Include your non-filing spouse unless you are separated.

If you or your non-filing spouse have more than one employer, combine the information for all employers for that person on the lines below. If you need more space, attach a separate sheet to this form.

	For Debtor 1	For Debtor 2 or non-filing spouse
2. <b>List monthly gross wages, salary, and commissions</b> (before all payroll deductions). If not paid monthly, calculate what the monthly wage would be.	2. \$ <u>2686.67</u>	\$ <u>0.00</u>
3. <b>Estimate and list monthly overtime pay.</b>	3. + \$ <u>0.00</u>	+ \$ <u>0.00</u>
4. <b>Calculate gross income.</b> Add line 2 + line 3.	4. \$ <u>2686.67</u>	\$ <u>0.00</u>

Debtor 1

Robert Shell Jr

First Name

Middle Name

Last Name

Case number (if known)

	For Debtor 1	For Debtor 2 or non-filing spouse
Copy line 4 here..... → 4.	\$ 2686.67	\$ 0.00
<b>5. List all payroll deductions:</b>		
5a. Tax, Medicare, and Social Security deductions	5a. \$ 455.00	\$ 0.00
5b. Mandatory contributions for retirement plans	5b. \$ 0.00	\$ 0.00
5c. Voluntary contributions for retirement plans	5c. \$ 0.00	\$ 0.00
5d. Required repayments of retirement fund loans	5d. \$ 0.00	\$ 0.00
5e. Insurance	5e. \$ 270.83	\$ 0.00
5f. Domestic support obligations	5f. \$ 0.00	\$ 0.00
5g. Union dues	5g. \$ 28.17	\$ 0.00
5h. Other deductions. Specify: Life & Disability Insure	5h. + \$ 17.33	+ \$ 0.00
6. Add the payroll deductions. Add lines 5a + 5b + 5c + 5d + 5e + 5f + 5g + 5h.	6. \$ 771.33	\$ 0.00
7. Calculate total monthly take-home pay. Subtract line 6 from line 4.	7. \$ 1915.34	\$ 0.00
<b>8. List all other income regularly received:</b>		
8a. Net income from rental property and from operating a business, profession, or farm Attach a statement for each property and business showing gross receipts, ordinary and necessary business expenses, and the total monthly net income.	8a. \$ 0.00	\$ 0.00
8b. Interest and dividends	8b. \$ 0.00	\$ 0.00
8c. Family support payments that you, a non-filing spouse, or a dependent regularly receive Include alimony, spousal support, child support, maintenance, divorce settlement, and property settlement.	8c. \$ 0.00	\$ 0.00
8d. Unemployment compensation	8d. \$ 0.00	\$ 0.00
8e. Social Security	8e. \$ 0.00	\$ 835.00
8f. Other government assistance that you regularly receive Include cash assistance and the value (if known) of any non-cash assistance that you receive, such as food stamps (benefits under the Supplemental Nutrition Assistance Program) or housing subsidies. Specify: Social Security (child benefit)	8f. \$ 0.00	\$ 350.00
8g. Pension or retirement income	8g. \$ 0.00	\$ 0.00
8h. Other monthly income. Specify:	8h. + \$ 0.00	+ \$ 0.00
9. Add all other income. Add lines 8a + 8b + 8c + 8d + 8e + 8f + 8g + 8h.	9. \$ 0.00	\$ 1185.00
10. Calculate monthly income. Add line 7 + line 9. Add the entries in line 10 for Debtor 1 and Debtor 2 or non-filing spouse.	10. \$ 1,915.34	\$ 1,185.00
11. State all other regular contributions to the expenses that you list in Schedule J. Include contributions from an unmarried partner, members of your household, your dependents, your roommates, and other friends or relatives. Do not include any amounts already included in lines 2-10 or amounts that are not available to pay expenses listed in Schedule J. Specify:	11. + \$ 0.00	
12. Add the amount in the last column of line 10 to the amount in line 11. The result is the combined monthly income. Write that amount on the Summary of Schedules and Statistical Summary of Certain Liabilities and Related Data, if it applies	12. \$ 3100.34	
13. Do you expect an increase or decrease within the year after you file this form? <input checked="" type="checkbox"/> No. <input type="checkbox"/> Yes. Explain:		

Fill in this information to identify your case:

Debtor 1 Robert Shell Jr  
First Name Middle Name Last Name

Debtor 2 Jeanne Miglieri-Shell  
(Spouse, if filing) First Name Middle Name Last Name

United States Bankruptcy Court for the: NORTHERN District of ILLINOIS

Case number \_\_\_\_\_  
(If known)

Check if this is:

- ☐ An amended filing
- ☐ A supplement showing post-petition chapter 13 expenses as of the following date:  
 \_\_\_\_\_  
 MM / DD / YYYY
- ☐ A separate filing for Debtor 2 because Debtor 2 maintains a separate household

Official Form B 6J

Schedule J: Your Expenses

12/13

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. If more space is needed, attach another sheet to this form. On the top of any additional pages, write your name and case number (if known). Answer every question.

Part 1: Describe Your Household

1. Is this a joint case?

- ☐ No. Go to line 2.
- ☒ Yes. Does Debtor 2 live in a separate household?
- ☒ No
- ☐ Yes. Debtor 2 must file a separate Schedule J.

2. Do you have dependents?

Do not list Debtor 1 and Debtor 2.

Do not state the dependents' names.

☐ No

☒ Yes. Fill out this information for each dependent.....

Dependent's relationship to Debtor 1 or Debtor 2

Dependent's age

Does dependent live with you?

Son

23yr

- ☐ No
- ☒ Yes

Son

14yr

- ☐ No
- ☒ Yes

- ☐ No
- ☐ Yes

- ☐ No
- ☐ Yes

- ☐ No
- ☐ Yes

3. Do your expenses include expenses of people other than yourself and your dependents?

- ☒ No
- ☐ Yes

Part 2: Estimate Your Ongoing Monthly Expenses

Estimate your expenses as of your bankruptcy filing date unless you are using this form as a supplement in a Chapter 13 case to report expenses as of a date after the bankruptcy is filed. If this is a supplemental *Schedule J*, check the box at the top of the form and fill in the applicable date.

Include expenses paid for with non-cash government assistance if you know the value of such assistance and have included it on *Schedule I: Your Income* (Official Form B 6I.)

4. The rental or home ownership expenses for your residence. Include first mortgage payments and any rent for the ground or lot.

Your expenses

4. \$ 1100.00

If not included in line 4:

4a. Real estate taxes 4a. \$ 0.00

4b. Property, homeowner's, or renter's insurance 4b. \$ 0.00

4c. Home maintenance, repair, and upkeep expenses 4c. \$ 0.00

4d. Homeowner's association or condominium dues 4d. \$ 0.00

Debtor 1

Robert Shell Jr

First Name

Middle Name

Last Name

Case number (if known)

	<b>Your expenses</b>
5. <b>Additional mortgage payments for your residence</b> , such as home equity loans	5. \$ 0.00
6. <b>Utilities:</b>	
6a. Electricity, heat, natural gas	6a. \$ 175.00
6b. Water, sewer, garbage collection	6b. \$ 0.00
6c. Telephone, cell phone, Internet, satellite, and cable services	6c. \$ 150.00
6d. Other. Specify: _____	6d. \$ 0.00
7. <b>Food and housekeeping supplies</b>	7. \$ 850.00
8. <b>Childcare and children's education costs</b>	8. \$ 20.00
9. <b>Clothing, laundry, and dry cleaning</b>	9. \$ 60.00
10. <b>Personal care products and services</b>	10. \$ 50.00
11. <b>Medical and dental expenses</b>	11. \$ 120.00
12. <b>Transportation.</b> Include gas, maintenance, bus or train fare. Do not include car payments.	12. \$ 240.00
13. <b>Entertainment, clubs, recreation, newspapers, magazines, and books</b>	13. \$ 90.00
14. <b>Charitable contributions and religious donations</b>	14. \$ 0.00
15. <b>Insurance.</b> Do not include insurance deducted from your pay or included in lines 4 or 20.	
15a. Life insurance	15a. \$ 0.00
15b. Health insurance	15b. \$ 0.00
15c. Vehicle insurance	15c. \$ 100.00
15d. Other insurance. Specify: _____	15d. \$ 0.00
16. <b>Taxes.</b> Do not include taxes deducted from your pay or included in lines 4 or 20. Specify: _____	16. \$ 0.00
17. <b>Installment or lease payments:</b>	
17a. Car payments for Vehicle 1	17a. \$ 0.00
17b. Car payments for Vehicle 2	17b. \$ 0.00
17c. Other. Specify: <u>Auto repair &amp; upkeep</u>	17c. \$ 50.00
17d. Other. Specify: _____	17d. \$ 0.00
18. <b>Your payments of alimony, maintenance, and support that you did not report as deducted from your pay on line 5, <i>Schedule I, Your Income</i> (Official Form B 6I).</b>	18. \$ 0.00
19. <b>Other payments you make to support others who do not live with you.</b> Specify: _____	19. \$ 0.00
20. <b>Other real property expenses not included in lines 4 or 5 of this form or on <i>Schedule I: Your Income</i>.</b>	
20a. Mortgages on other property	20a. \$ 0.00
20b. Real estate taxes	20b. \$ 0.00
20c. Property, homeowner's, or renter's insurance	20c. \$ 0.00
20d. Maintenance, repair, and upkeep expenses	20d. \$ 0.00
20e. Homeowner's association or condominium dues	20e. \$ 0.00

Debtor 1

Robert Shell Jr

First Name

Middle Name

Last Name

Case number (if known)

21. **Other.** Specify: \_\_\_\_\_

21. **+\$** \_\_\_\_\_ 0.00

22. **Your monthly expenses.** Add lines 4 through 21.

The result is your monthly expenses.

22. \$ \_\_\_\_\_ 3005.00

23. **Calculate your monthly net income.**

23a. Copy line 12 (*your combined monthly income*) from *Schedule I*.

23a. \$ \_\_\_\_\_ 3100.34

23b. Copy your monthly expenses from line 22 above.

23b. **−**\$ \_\_\_\_\_ 3005.00

23c. Subtract your monthly expenses from your monthly income.

The result is your *monthly net income*.

23c. \$ \_\_\_\_\_ 95.34

24. **Do you expect an increase or decrease in your expenses within the year after you file this form?**

For example, do you expect to finish paying for your car loan within the year or do you expect your mortgage payment to increase or decrease because of a modification to the terms of your mortgage?

☒ No.

☐ Yes.

Explain here:

**UNITED STATES BANKRUPTCY COURT  
 NORTHERN DISTRICT OF ILLINOIS  
 EASTERN DIVISION**

In re *Robert Shell Jr and Jeanne Miglieri-Shell*

Case No.  
 Chapter 7

/ Debtor

**SUMMARY OF SCHEDULES**

Indicate as to each schedule whether that schedule is attached and state the number of pages in each. Report the totals from Schedules A, B, D, E, F, I, and J in the boxes provided. Add the amounts from Schedules A and B to determine the total amount of the debtor's assets. Add the amounts of all claims from Schedules D, E, and F to determine the total amount of the debtor's liabilities. Individual debtors must also complete the "Statistical Summary of Certain Liabilities and Related Data" if they file a case under chapter 7, 11, or 13.

NAME OF SCHEDULE	Attached (Yes/No)	No. of Sheets	ASSETS	LIABILITIES	OTHER
A-Real Property	<b>Yes</b>	<b>1</b>	\$ <b>0.00</b>		
B-Personal Property	<b>Yes</b>	<b>3</b>	\$ <b>10,201.00</b>		
C-Property Claimed as Exempt	<b>Yes</b>	<b>1</b>			
D-Creditors Holding Secured Claims	<b>Yes</b>	<b>1</b>		\$ <b>0.00</b>	
E-Creditors Holding Unsecured Priority Claims (Total of Claims on Schedule E)	<b>Yes</b>	<b>1</b>		\$ <b>0.00</b>	
F-Creditors Holding Unsecured Nonpriority Claims	<b>Yes</b>	<b>18</b>		\$ <b>117,300.00</b>	
G-Executory Contracts and Unexpired Leases	<b>Yes</b>	<b>1</b>			
H-Codebtors	<b>Yes</b>	<b>1</b>			
I-Current Income of Individual Debtor(s)	<b>Yes</b>	<b>2</b>			\$ <b>3,100.34</b>
J-Current Expenditures of Individual Debtor(s)	<b>Yes</b>	<b>3</b>			\$ <b>3,005.00</b>
<b>TOTAL</b>		<b>32</b>	\$ <b>10,201.00</b>	\$ <b>117,300.00</b>	

In re Robert Shell Jr and Jeanne Miglieri-Shell  
Debtor

Case No. \_\_\_\_\_  
(if known)

## DECLARATION CONCERNING DEBTOR'S SCHEDULES

### DECLARATION UNDER PENALTY OF PERJURY BY AN INDIVIDUAL DEBTOR

I declare under penalty of perjury that I have read the foregoing summary and schedules, consisting of 33 sheets, and that they are true and correct to the best of my knowledge, information and belief.

Date: 10/25/2015

Signature /s/ Robert Shell Jr  
Robert Shell Jr

Date: 10/25/2015

Signature /s/ Jeanne Miglieri-Shell  
Jeanne Miglieri-Shell

[If joint case, both spouses must sign.]

Penalty for making a false statement or concealing property: Fine of up to \$500,000 or imprisonment for up to 5 years or both. 18 U.S.C. §§ 152 and 3571.

UNITED STATES BANKRUPTCY COURT  
NORTHERN DISTRICT OF ILLINOIS  
EASTERN DIVISION

In re: **Robert Shell Jr**  
**and**  
**Jeanne Miglieri-Shell**

Case No. \_\_\_\_\_

(if known)

Debtor

STATEMENT OF FINANCIAL AFFAIRS

This statement is to be completed by every debtor. Spouses filing a joint petition may file a single statement on which the information for both spouses is combined. If the case is filed under chapter 12 or chapter 13, a married debtor must furnish information for both spouses whether or not a joint petition is filed, unless the spouses are separated and a joint petition is not filed. An individual debtor engaged in business as a sole proprietor, partner, family farmer, or self-employed professional, should provide the information requested on this statement concerning all such activities as well as the individual's personal affairs. To indicate payments, transfers and the like to minor children, state the child's initials and the name and address of the child's parent or guardian, such as "A.B., a minor child, by John Doe, guardian." Do not disclose the child's name. See, 11 U.S.C. § 112 and Fed. R. Bankr. P. 1007(m).

Questions 1-18 are to be completed by all debtors. Debtors that are or have been in business, as defined below, also must complete Questions 19-25. If the answer to an applicable question is "None," mark the box labeled "None." If additional space is needed for the answer to any question, use and attach a separate sheet properly identified with the case name, case number (if known), and the number of the question.

DEFINITIONS

"In business." A debtor is "in business" for the purpose of this form if the debtor is a corporation or partnership. An individual debtor is "in business" for the purpose of this form if the debtor is or has been, within the six years immediately preceding the filing of this bankruptcy case, any of the following: an officer, director, managing executive, or owner of 5 percent or more of the voting or equity securities of a corporation; a partner, other than a limited partner, of a partnership; a sole proprietor or self-employed full-time or part-time. An individual debtor may also be "in business" for the purpose of this form if the debtor engages in a trade, business, or other activity, other than as an employee, to supplement income from the debtor's primary employment.

"Insider." The term "insider" includes but is not limited to: relatives of the debtor; general partners of the debtor and their relatives; corporations of which the debtor is an officer, director, or person in control; officers, directors, and any persons in control of a corporation debtor and their relatives; affiliates of the debtor and insiders of such affiliates; any managing agent of the debtor. 11 U.S.C. §101(2), (31).

1. Income from employment or operation of business

None ☐ State the gross amount of income the debtor has received from employment, trade, or profession, or from operation of the debtor's business, including part-time activities either as an employee or in independent trade or business, from the beginning of this calendar year to the date this case was commenced. State also the gross amounts received during the two years immediately preceding this calendar year. (A debtor that maintains, or has maintained, financial records on the basis of a fiscal rather than a calendar year may report fiscal year income. Identify the beginning and ending dates of the debtor's fiscal year.) If a joint petition is filed, state income for each spouse separately. (Married debtors filing under chapter 12 or chapter 13 must state income of both spouses whether or not a joint petition is filed, unless the spouses are separated and a joint petition is not filed.)

AMOUNT

SOURCE

**Year to date:** \$24,580.50  
**Last Year:** \$30,000.00app  
**Year before:** \$30,000.00app

**2015 Wages from employment** **Husband**  
**2014 Wages from employment**  
**2013 Wages from employment**

**Year to date:** \$0.00  
**Last Year:** \$0.00  
**Year before:** \$0.00

**2015 None Wife**  
**2014 Same**  
**2013 Same**

2. Income other than from employment or operation of business

None ☐ State the amount of income received by the debtor other than from employment, trade, profession, operation of the debtor's business during the two years immediately preceding the commencement of this case. Give particulars. If a joint petition is filed, state income for each spouse separately. (Married debtors filing under chapter 12 or chapter 13 must state income for each spouse whether or not a joint petition is filed, unless the spouses are separated and a joint petition is not filed.)



AMOUNT

SOURCE

<b>Year to date:</b>	<b>\$11,000.00app</b>	<b>2015</b>	<b>Social Security</b>	<b>Wife</b>
<b>Last Year:</b>	<b>\$14,000.00app</b>	<b>2014</b>	<b>Same</b>	
<b>Year before:</b>	<b>\$14,000.00app</b>	<b>2013</b>	<b>Same</b>	

3. Payments to creditors

None Complete a. or b., as appropriate, and c.



a. Individual or joint debtor(s) with primarily consumer debts: List all payments on loans, installment purchases of goods or services, and other debts to any creditor, made within 90 days immediately preceding the commencement of this case unless the aggregate value of all property that constitutes or is affected by such transfer is less than \$600. Indicate with an asterisk (\*) any payments that were made to a creditor on account of a domestic support obligation or as part of an alternative repayment schedule under a plan by an approved nonprofit budgeting and creditor counseling agency. (Married debtors filing under chapter 12 or chapter 13 must include payments by either or both spouses whether or not a joint petition is filed, unless the spouses are separated and a joint petition is not filed.)

None



b. Debtor whose debts are not primarily consumer debts: List each payment or other transfer to any creditor made within 90 days immediately preceding the commencement of this case unless the aggregate value of all property that constitutes or is affected by such transfer is less than \$6,225\*. If the debtor is an individual, indicate with an asterisk (\*) any payments that were made to a creditor on account of a domestic support obligation or as part of an alternative repayment schedule under a plan by an approved nonprofit budgeting and creditor counseling agency. (Married debtors filing under chapter 12 or chapter 13 must include payments and other transfers by either or both spouses whether or not a joint petition is filed, unless the spouses are separated and a joint petition is not filed.)

\* Amounts are subject to adjustment on 4/01/16, and every three years thereafter with respect to cases commenced on or after the date of adjustment.

None



c. All debtors: List all payments made within one year immediately preceding the commencement of this case to or for the benefit of creditors who are or were insiders. (Married debtors filing under chapter 12 or chapter 13 must include payments by either or both spouses whether or not a joint petition is filed, unless the spouses are separated and a joint petition is not filed.)

4. Suits and administrative proceedings, executions, garnishments and attachments

None



a. List all suits and administrative proceedings to which the debtor is or was a party within one year immediately preceding the filing of this bankruptcy case. (Married debtors filing under chapter 12 or chapter 13 must include information concerning either or both spouses whether or not a joint petition is filed, unless the spouses are separated and a joint petition is not filed.)

CAPTION OF SUIT AND CASE NUMBER	NATURE OF PROCEEDING	COURT OR AGENCY AND LOCATION	STATUS OR DISPOSITION
<i>State Farm Mutual a/s/o Conway Garlington 14 M1 10125</i>	<i>Auto Accident</i>	<i>Cook County Circuit Court</i>	<i>Judgment</i>
<i>State Farm Mutual vs. Robert Shell 14 M5 002752</i>	<i>Auto Accident Injury</i>	<i>Cook County Circuit Court</i>	<i>Judgment</i>

None



b. Describe all property that has been attached, garnished or seized under any legal or equitable process within one year immediately preceding the commencement of this case. (Married debtors filing under chapter 12 or chapter 13 must include information concerning property of either or both spouses whether or not a joint petition is filed, unless the spouses are separated and a joint petition is not filed.)

### 5. Repossessions, foreclosures and returns

None ☒ List all property that has been repossessed by a creditor, sold at a foreclosure sale, transferred through a deed in lieu of foreclosure or returned to the seller, within one year immediately preceding the commencement of this case. (Married debtors filing under chapter 12 or chapter 13 must include information concerning property of either or both spouses whether or not a joint petition is filed, unless the spouses are separated and a joint petition is not filed.)

### 6. Assignments and receiverships

None ☒ a. Describe any assignment of property for the benefit of creditors made within 120 days immediately preceding the commencement of this case. (Married debtors filing under chapter 12 or chapter 13 must include any assignment by either or both spouses whether or not a joint petition is filed, unless the spouses are separated and a joint petition is not filed.)

None ☒ b. List all property which has been in the hands of a custodian, receiver, or court-appointed official within one year immediately preceding the commencement of this case. (Married debtors filing under chapter 12 or chapter 13 must include information concerning property of either or both spouses whether or not a joint petition is filed, unless the spouses are separated and a joint petition is not filed.)

### 7. Gifts

None ☒ List all gifts or charitable contributions made within one year immediately preceding the commencement of this case except ordinary and usual gifts to family members aggregating less than \$200 in value per individual family member and charitable contributions aggregating less than \$100 per recipient. (Married debtors filing under chapter 12 or chapter 13 must include gifts or contributions by either or both spouses whether or not a joint petition is filed, unless the spouses are separated and a joint petition is not filed.)

### 8. Losses

None ☒ List all losses from fire, theft, other casualty or gambling within one year immediately preceding the commencement of this case or since the commencement of this case. (Married debtors filing under chapter 12 or chapter 13 must include losses by either or both spouses whether or not a joint petition is filed, unless the spouses are separated and a joint petition is not filed.)

### 9. Payments related to debt counseling or bankruptcy

None ☐ List all payments made or property transferred by or on behalf of the debtor to any persons, including attorneys, for consultation concerning debt consolidation, relief under the bankruptcy law or preparation of a petition in bankruptcy within one year immediately preceding the commencement of this case.

NAME AND ADDRESS OF PAYEE	DATE OF PAYMENT, NAME OF PAYER IF OTHER THAN DEBTOR	AMOUNT OF MONEY OR DESCRIPTION AND VALUE OF PROPERTY
<b>Payee: Richard S. Bass</b> <b>Address:</b> <b>2021 Midwest Road</b> <b>Oak Brook, IL 60521</b>	<b>Date of Payment:</b> <b>Payor: Robert Shell Jr</b>	<b>\$750.00</b>

### 10. Other transfers

None ☒ a. List all other property, other than property transferred in the ordinary course of the business or financial affairs of the debtor, transferred either absolutely or as security within two years immediately preceding the commencement of this case. (Married debtors filing under chapter 12 or chapter 13 must include transfers by either or both spouses whether or not a joint petition is filed, unless the spouses are separated and a joint petition is not filed.)

None ☒ b. List all property transferred by the debtor within ten years immediately preceding the commencement of this case to a self-settled trust or similar device of which the debtor is a beneficiary.

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**11. Closed financial accounts**

None



List all financial accounts and instruments held in the name of the debtor or for the benefit of the debtor which were closed, sold, or otherwise transferred within one year immediately preceding the commencement of this case. Include checking, savings, or other financial accounts, certificates of deposit, or other instruments; shares and share accounts held in banks, credit unions, pension funds, cooperatives, associations, brokerage houses and other financial institutions. (Married debtors filing under chapter 12 or chapter 13 must include information concerning accounts or instruments held by or for either or both spouses whether or not a joint petition is filed, unless the spouses are separated and a joint petition is not filed.)

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**12. Safe deposit boxes**

None



List each safe deposit or other box or depository in which the debtor has or had securities, cash, or other valuables within one year immediately preceding the commencement of this case. (Married debtors filing under chapter 12 or chapter 13 must include boxes or depositories of either or both spouses whether or not a joint petition is filed, unless the spouses are separated and a joint petition is not filed.)

---

**13. Setoffs**

None



List all setoffs made by any creditor, including a bank, against a debt or deposit of the debtor within 90 days preceding the commencement of this case. (Married debtors filing under chapter 12 or chapter 13 must include information concerning either or both spouses whether or not a joint petition is filed, unless the spouses are separated and a joint petition is not filed.)

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**14. Property held for another person**

None



List all property owned by another person that the debtor holds or controls.

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**15. Prior address of debtor**

None



If the debtor has moved within three years immediately preceding the commencement of this case, list all premises which the debtor occupied during that period and vacated prior to the commencement of this case. If a joint petition is filed, report also any separate address of either spouse.

---

**16. Spouses and Former Spouses**

None



If the debtor resides or resided in a community property state, commonwealth, or territory (including Alaska, Arizona, California, Idaho, Louisiana, Nevada, New Mexico, Puerto Rico, Texas, Washington, or Wisconsin) within eight years immediately preceding the commencement of the case, identify the name of the debtor's spouse and of any former spouse who resides or resided with the debtor in the community property state.

---

**17. Environmental Information**

None



For the purpose of this question, the following definitions apply:

"Environmental Law" means any federal, state, or local statute or regulation regulating pollution, contamination, releases of hazardous or toxic substances, wastes or material into the air, land, soil, surface water, groundwater, or other medium, including, but not limited to, statutes or regulations regulating the cleanup of these substances, wastes, or material.

"Site" means any location, facility, or property as defined under any Environmental Law, whether or not presently or formerly owned or operated by the debtor, including, but not limited to disposal sites.

"Hazardous Material" means anything defined as hazardous waste, hazardous substance, toxic substance, hazardous material, pollutant, or contaminant or similar term under an Environmental Law:

a. List the name and address of every site for which the debtor has received notice in writing by a governmental unit that it may be liable or potentially liable under or in violation of an Environmental Law. Indicate the governmental unit, the date of the notice, and, if known, the Environmental Law:

None



b. List the name and address of every site for which the debtor provided notice to a governmental unit of a release of Hazardous Material. Indicate the governmental unit to which the notice was sent and the date of the notice.

None



c. List all judicial or administrative proceedings, including settlements or orders, under any Environmental Law, with respect to which the debtor is or was a party. Indicate the name and address of the governmental unit that is or was a party to the proceeding, and the docket number.

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**18. Nature, location and name of business**

None



a. If the debtor is an individual, list the names, addresses, taxpayer-identification numbers, nature of the businesses, and beginning and ending dates of all businesses in which the debtor was an officer, director, partner, or managing executive of a corporation, partner in a partnership, sole proprietor, or was self-employed in a trade, profession, or other activity either full- or part-time within six years immediately preceding the commencement of this case, or in which the debtor owned 5 percent or more of the voting or equity securities within six years immediately preceding the commencement of this case

If the debtor is a partnership, list the names, addresses, taxpayer identification numbers, nature of the businesses, and beginning and ending dates of all businesses in which the debtor was a partner or owned 5 percent or more of the voting or equity securities, within six years immediately preceding the commencement of this case.

If the debtor is a corporation, list the names, addresses, taxpayer identification numbers, nature of the businesses, and beginning and ending dates of all businesses in which the debtor was a partner or owned 5 percent or more of the voting or equity securities within six years immediately preceding the commencement of this case.

None



b. Identify any business listed in response to subdivision a., above, that is "single asset real estate" as defined in 11 U.S.C. § 101.

The following questions are to be completed by every debtor that is a corporation or partnership and by any individual debtor who is or has been, within six years immediately preceding the commencement of this case, any of the following: an officer, director, managing executive, or owner of more than 5 percent of the voting or equity securities of a corporation; a partner, other than a limited partner, of a partnership; a sole proprietor, or self-employed in a trade, profession, or other activity, either full- or part-time.

(An individual or joint debtor should complete this portion of the statement only if the debtor is or has been in business, as defined above, within six years immediately preceding the commencement of this case. A debtor who has not been in business within those six years should go directly to the signature page.)

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**19. Books, records and financial statements**

None



a. List all bookkeepers and accountants who within two years immediately preceding the filing of this bankruptcy case kept or supervised the keeping of books of account and records of the debtor.

None



b. List all firms or individuals who within two years immediately preceding the filing of this bankruptcy case have audited the books of account and records, or prepared a financial statement of the debtor.

None ☒ c. List all firms or individuals who at the time of the commencement of this case were in possession of the books of account and records of the debtor. If any of the books of account and records are not available, explain.

None ☒ d. List all financial institutions, creditors and other parties, including mercantile and trade agencies, to whom a financial statement was issued by the debtor within two years immediately preceding the commencement of this case.

## 20. Inventories

None ☒ a. List the dates of the last two inventories taken of your property, the name of the person who supervised the taking of each inventory, and the dollar amount and basis of each inventory.

None ☒ b. List the name and address of the person having possession of the records of each of the inventories reported in a., above.

## 21. Current Partners, Officers, Directors and Shareholders

None ☒ a. If the debtor is a partnership, list the nature and percentage of partnership interest of each member of the partnership.

None ☒ b. If the debtor is a corporation, list all officers and directors of the corporation, and each stockholder who directly or indirectly owns, controls, or holds 5 percent or more of the voting or equity securities of the corporation.

## 22. Former partners, officers, directors and shareholders

None ☒ a. If the debtor is a partnership, list each member who withdrew from the partnership within one year immediately preceding the commencement of this case.

None ☒ b. If the debtor is a corporation, list all officers, or directors whose relationship with the corporation terminated within one year immediately preceding the commencement of this case.

## 23. Withdrawals from a partnership or distribution by a corporation

None ☒ If the debtor is a partnership or corporation, list all withdrawals or distributions credited or given to an insider, including compensation in any form, bonuses, loans, stock redemptions, options exercised and any other perquisite during one year immediately preceding the commencement of this case.

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**24. Tax Consolidation Group.**

None



If the debtor is a corporation, list the name and federal taxpayer-identification number of the parent corporation of any consolidated group for tax purposes of which the debtor has been a member at any time within six years immediately preceeding the commencement of the case.

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**25. Pension Funds.**

None



If the debtor is not an individual, list the name and federal taxpayer-identification number of any pension fund to which the debtor, as an employer, has been responsible for contributing at any time within six years immediately preceding the commencement of the case.

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*[If completed by an individual or individual and spouse]*

I declare under penalty of perjury that I have read the answers contained in the foregoing statement of financial affairs and any attachments thereto and that they are true and correct.

Date 10/25/2015Signature /s/ Robert Shell Jr  
of DebtorDate 10/25/2015Signature /s/ Jeanne Miglieri-Shell  
of Joint Debtor  
(if any)

**DECLARATION AND SIGNATURE OF NON-ATTORNEY BANKRUPTCY PETITION PREPARER (See 11 U.S.C. § 110)**

I declare under penalty of perjury that: (1) I am a bankruptcy petition preparer as defined in 11 U.S.C. § 110; (2) I prepared this document for compensation and have provided the debtor with a copy of this document and the notices and information required under 11 U.S.C. §§ 110(b), 110(h), and 34(b); and, (3) if rules or guidelines have been promulgated pursuant to 11 U.S.C. § 110(h) setting a maximum fee for services chargeable by bankruptcy petition preparers, I have given the debtor notice of the maximum amount before preparing any document for filing for a debtor or accepting any fee from the debtor, as required by that section.

\_\_\_\_\_  
Printed or Typed Name and Title, if any, of Bankruptcy Petition Preparer

\_\_\_\_\_  
Social-Security No.(Required by 11 U.S.C. § 110.)

*If the bankruptcy petition preparer is not an individual, state the name, title (if any), address, and social-security number of the officer, principal,, responsible person, or partner who signs this document.*

\_\_\_\_\_

\_\_\_\_\_  
Address

X \_\_\_\_\_  
Signature of Bankruptcy Petition Preparer

\_\_\_\_\_  
Date

Names and Social-Security numbers of all other individuals who prepared or assisted in preparing this document unless the bankruptcy petition preparer is not an individual:

If more than one person prepared this document, attach additional signed sheets conforming to the appropriate Official Form for each person.

***A bankruptcy petition preparer's failure to comply with the provisions of title 11 and the Federal Rules of Bankruptcy Procedure may result in fines or imprisonment or both. 18 U.S.C. § 156.***

**UNITED STATES BANKRUPTCY COURT  
NORTHERN DISTRICT OF ILLINOIS  
EASTERN DIVISION**

In re *Robert Shell Jr and Jeanne Miglieri-Shell*Case No.  
Chapter 7

\_\_\_\_\_/ Debtor

**CHAPTER 7 STATEMENT OF INTENTION - HUSBAND'S DEBTS**

**Part A -** Debts Secured by property of the estate. (Part A must be completed for EACH debt which is secured by property of the estate. Attach additional pages if necessary.)

Property No.		
<b>Creditor's Name :</b> <i>None</i>	<b>Describe Property Securing Debt :</b>	
<p>Property will be (check one) :</p> <p><input type="checkbox"/> Surrendered      <input type="checkbox"/> Retained</p> <p>If retaining the property, I intend to (check at least one) :</p> <p><input type="checkbox"/> Redeem the property</p> <p><input type="checkbox"/> Reaffirm the debt</p> <p><input type="checkbox"/> Other. Explain _____ (for example, avoid lien using 11 U.S.C § 522 (f)).</p> <p>Property is (check one) :</p> <p><input type="checkbox"/> Claimed as exempt      <input type="checkbox"/> Not claimed as exempt</p>		

**Part B -** Personal property subject to unexpired leases. (All three columns of Part B must be completed for each unexpired lease. Attach additional pages if necessary.)

Property No.		
<b>Lessor's Name:</b> <i>None</i>	<b>Describe Leased Property:</b>	Lease will be assumed pursuant to 11 U.S.C. § 365(p)(2): <input type="checkbox"/> Yes <input type="checkbox"/> No

**Signature of Debtor(s)**

I declare under penalty of perjury that the above indicates my intention as to any property of my estate securing a debt and/or personal property subject to an unexpired lease.

Date: 10/25/2015Debtor: /s/ Robert Shell Jr



**UNITED STATES BANKRUPTCY COURT  
NORTHERN DISTRICT OF ILLINOIS  
EASTERN DIVISION**

In re *Robert Shell Jr and Jeanne Miglieri-Shell*Case No.  
Chapter 7

\_\_\_\_\_/ Debtor

**CHAPTER 7 STATEMENT OF INTENTION - WIFE'S DEBTS**

**Part A -** Debts Secured by property of the estate. (Part A must be completed for EACH debt which is secured by property of the estate. Attach additional pages if necessary.)

Property No.		
<b>Creditor's Name :</b> <i>None</i>	<b>Describe Property Securing Debt :</b>	
<p>Property will be (check one) :</p> <p><input type="checkbox"/> Surrendered      <input type="checkbox"/> Retained</p> <p>If retaining the property, I intend to (check at least one) :</p> <p><input type="checkbox"/> Redeem the property</p> <p><input type="checkbox"/> Reaffirm the debt</p> <p><input type="checkbox"/> Other. Explain _____ (for example, avoid lien using 11 U.S.C § 522 (f)).</p> <p>Property is (check one) :</p> <p><input type="checkbox"/> Claimed as exempt      <input type="checkbox"/> Not claimed as exempt</p>		

**Part B -** Personal property subject to unexpired leases. (All three columns of Part B must be completed for each unexpired lease. Attach additional pages if necessary.)

Property No.		
<b>Lessor's Name:</b> <i>None</i>	<b>Describe Leased Property:</b>	Lease will be assumed pursuant to 11 U.S.C. § 365(p)(2): <input type="checkbox"/> Yes <input type="checkbox"/> No

**Signature of Debtor(s)**

I declare under penalty of perjury that the above indicates my intention as to any property of my estate securing a debt and/or personal property subject to an unexpired lease.

Date: 10/25/2015Debtor: /s/ Jeanne Miglieri-Shell

**UNITED STATES BANKRUPTCY COURT**  
**NORTHERN DISTRICT OF ILLINOIS**  
**EASTERN DIVISION**

In re *Robert Shell Jr and Jeanne Miglieri-Shell*

Case No.

Chapter 7

\_\_\_\_\_/ Debtor

**CHAPTER 7 STATEMENT OF INTENTION - JOINT DEBTS**

**Part A -** Debts Secured by property of the estate. (Part A must be completed for EACH debt which is secured by property of the estate. Attach additional pages if necessary.)

Property No.		
<b>Creditor's Name :</b> <i>None</i>	<b>Describe Property Securing Debt :</b>	
<p>Property will be (check one) :</p> <p><input type="checkbox"/> Surrendered      <input type="checkbox"/> Retained</p> <p>If retaining the property, I intend to (check at least one) :</p> <p><input type="checkbox"/> Redeem the property</p> <p><input type="checkbox"/> Reaffirm the debt</p> <p><input type="checkbox"/> Other. Explain _____ (for example, avoid lien using 11 U.S.C § 522 (f)).</p> <p>Property is (check one) :</p> <p><input type="checkbox"/> Claimed as exempt      <input type="checkbox"/> Not claimed as exempt</p>		

**Part B -** Personal property subject to unexpired leases. (All three columns of Part B must be completed for each unexpired lease. Attach additional pages if necessary.)

Property No.		
<b>Lessor's Name:</b> <i>None</i>	<b>Describe Leased Property:</b>	Lease will be assumed pursuant to 11 U.S.C. § 365(p)(2): <input type="checkbox"/> Yes <input type="checkbox"/> No

**Signature of Debtor(s)**

I declare under penalty of perjury that the above indicates my intention as to any property of my estate securing a debt and/or personal property subject to an unexpired lease.

Date: 10/25/2015Debtor: /s/ Robert Shell JrDate: 10/25/2015Joint Debtor: /s/ Jeanne Miglieri-Shell

**UNITED STATES BANKRUPTCY COURT  
NORTHERN DISTRICT OF ILLINOIS  
EASTERN DIVISION**

In re *Robert Shell Jr*  
*and*  
*Jeanne Miglieri-Shell*

Case No.  
Chapter 7

\_\_\_\_\_/ Debtor  
Attorney for Debtor: *Richard S. Bass*

**STATEMENT PURSUANT TO RULE 2016(B)**

The undersigned, pursuant to Rule 2016(b), Bankruptcy Rules, states that:

1. The undersigned is the attorney for the debtor(s) in this case.
2. The compensation paid or agreed to be paid by the debtor(s), to the undersigned is:
  - a) For legal services rendered or to be rendered in contemplation of and in connection with this case . . . . . \$ 750.00
  - b) Prior to the filing of this statement, debtor(s) have paid . . . . . \$ 750.00
  - c) The unpaid balance due and payable is . . . . . \$ 0.00
3. \$ 335.00 of the filing fee in this case has been paid.
4. The Services rendered or to be rendered include the following:
  - a) Analysis of the financial situation, and rendering advice and assistance to the debtor(s) in determining whether to file a petition under title 11 of the United States Code.
  - b) Preparation and filing of the petition, schedules, statement of financial affairs and other documents required by the court.
  - c) Representation of the debtor(s) at the meeting of creditors.
5. The source of payments made by the debtor(s) to the undersigned was from earnings, wages and compensation for services performed, and  
*None other*
6. The source of payments to be made by the debtor(s) to the undersigned for the unpaid balance remaining, if any, will be from earnings, wages and compensation for services performed, and  
*None other*
7. The undersigned has received no transfer, assignment or pledge of property from debtor(s) except the following for the value stated:  
*None*
8. The undersigned has not shared or agreed to share with any other entity, other than with members of undersigned's law firm, any compensation paid or to be paid except as follows:  
*None*

Dated: *10/25/2015*

Respectfully submitted,

X /s/ *Richard S. Bass*  
\_\_\_\_\_  
Attorney for Petitioner: *Richard S. Bass*  
*Law Office of Richard S. Bass LTD*  
*2021 Midwest Road*  
*Suite #200*  
*Oak Brook IL 60523*  
*630-953-8655*  
*rbass@corpoffices.com*

**UNITED STATES BANKRUPTCY COURT  
NORTHERN DISTRICT OF ILLINOIS  
EASTERN DIVISION**

In re *Robert Shell Jr*  
*and*  
*Jeanne Miglieri-Shell*

Case No.  
Chapter 7

\_\_\_\_\_/ Debtor

Attorney for Debtor: *Richard S. Bass*

**VERIFICATION OF CREDITOR MATRIX**

The above named Debtor(s) hereby verify that the attached list of creditors is true and correct to the best of our knowledge.

Date: 10/25/2015

/s/ Robert Shell Jr

Debtor

/s/ Jeanne Miglieri-Shell

Joint Debtor

ABC Credit & Recovery  
RE: Genesis Clinical Services  
PO BOX 3722  
Lisle, IL 60532-8722

ACL Laboratories  
Attn: Patient Accts  
8901 W Lincoln Ave  
Milwaukee, WI 53227

Activity Collection Services Inc.  
RE: Hickory Hills Dental  
664 Milwaukee Ave  
Prospect Heights, IL 60070

Advanced Health Services  
Attn: Patient Accts  
10646 165th Street  
Orland Park, IL 60467

Advanced Pain & Anesthesia PC  
Attn: Patient Accts  
75 Remittance Dr #6232  
Chicago, IL 60675-6232

Advocate Christ Medical Center  
Attn: Patient Accts  
4440 West 95th Street  
Oak Lawn, IL 60453

Advocate Condell Medical Ctr  
Attn: Patient Accts  
97169 Eagle Way  
Chicago, IL 60678-9710

Advocate Medical Group  
Attn: Patient Accounts  
701 Lee Street  
Des Plaines, IL 60016

Allied Waste Services  
Attn: Collections  
13701 S Kostner  
Crestwood, IL 60445

American Coradius Inc  
RE: JP Morgan Chase  
2420 Sweet Home Rd, #150  
Amherst, NY 14228-2244

American Credit Systems  
RE Oak Lawn Fire Dept  
400 W. Lake St #111  
Roselle, IL 60172-0849

AMO Recoveries  
RE: Primary Healthcare Assoc  
5655 Peachtree Pkwy #213  
Norcross, GA 30092

Arnold Scott Harris, P.C.  
RE: Illinois Tollway  
111 W. Jackson Blvd #600  
Chicago, IL 60604

Associates in Sleep Medicine  
Attn: Patient Accts  
1250 Rickert Dr #100  
Naperville, IL 60540

Athletic & Therapeutic Inst  
Attn: Patient Accts  
4947 Paysphere Circle  
Chicago, IL 60674-4947

Central Stickney Fire Protection  
Attn: Collections  
PO BOX 438495  
Chicago, IL 60643

Certified Services Inc.  
RE: Claymore Med Grp  
1733 Washington St, #2  
Waukegan, IL 60085

Chase Bank USA, N.A.  
Attn: Bankruptcy Dept  
340 S. Cleveland Ave Bldg 370  
Westerville, OH 43081

Christ Hospital  
Attn: Patient Accounts  
PO Box 4256  
Carol Stream, IL 60197-4256

Christ Medical Group  
Attn: Patient Accounts  
701 Lee Street  
Des Plaines, IL 60016

City of Blue Island  
Attn: Bankruptcy Dept  
13051 Greenwood Ave  
Blue Island, IL 60406

Closer Look Imaging, LLC  
Attn: Patient Accts  
8930 Waukegan Rd #130  
Morton Grove, IL 60053

CMRE Financial Services  
RE: Radiology Imaging  
3075 E. Imperial Hwy, #200  
Brea, CA 92821

Coast to Coast Financial Solutions  
RE: Allied Wast Services  
101 Hodencamp Rd #120  
Thousand Oaks, CA 91360

Commonwealth Edison  
Attn: Bankruptcy Dept  
2100 Swift Drive  
Oak Brook, IL 60523-9644

Convergent Outsourcing Inc  
RE: LVNV Capital One  
PO Box 9004  
Renton, WA 98057

Cook County State Attorney  
Re Bad Check Program  
PO Box A3984  
Chicago, IL 60690-3984

Credit Collection Svc  
Acct: Commonwealth Edison  
2 Wells Ave  
Newton Center, MA 02459

Credit Management  
RE: US Cellular  
4200 International Pkwy  
Carrollton, TX 75007

DirectV  
Attn: Collections  
PO BOX 6550  
Greenwood Villag, CO 80155-6550

Diversified Consultants Inc.  
RE: DirecTV  
10550 Deerwood Park Blvd  
Jacksonville, FL 32256-0596

Donald R Steinmuller MD SC  
Attn: Patient Accts  
6 E. Phillips Rd #1104  
Vernon Hills, IL 60061

Elite Dental Care  
RE Patient Accts  
4121 Fairview Ave #205  
Downers Grove, IL 60515

Financial Control Solutions  
RE: ACL Inc.  
PO Box 688  
Germantown, WI 53022-0668

First Cash Advance, IL C#378  
Attn: Bankruptcy Dept  
7001 Post Road #300  
Dublin, OH 43016

First National Collection Bur.  
RE: LVNV Funding LLC  
610 Waltham Way  
Sparks, NV 89434

Frost Arnett Company  
RE: Timberline Knolls  
PO BOX 198988  
Nashville, TN 37219-8988

G. I. Associates  
Attn: Patient Accts  
10500 S. Cicero  
Oak Lawn, IL 60453

GK Medical Management  
Attn: Patient Accts  
PO BOX 1208  
Morton Grove, IL 60053-7208

Heart Care Centers of Illinois  
Attn: Patient Accts  
11035 S. Central Park Ave  
Chicago, IL 60655-3306

HeartCare Cardiovascular Specialists SC  
Attn: Bankruptcy Dept  
755 S Milwaukee Ave #263  
Libertyville, IL 60048

High Technology Inc.  
Advocate Medical Sv  
4440 W. 95th St  
Oak Lawn, IL 60453

Illinois Collection Service  
RE: Lawn Medical Ctr  
PO BOX 1010  
Tinley Park, IL 60477-9110

Illinois Collection Service  
RE: Acmc Physician Services  
PO BOX 1010  
Tinley Park, IL 60477-9110

Illinois Eye Institute  
RE Patient Accts  
3241 S. Michigan Ave  
Chicago, IL 60616

Illinois Eye Institute  
Attn: Patient Accts  
3241 S Michigan Ave  
Chicago, IL 60616

Illinois Secretary of State  
RE Support Services  
201 S. Second St #212  
Springfield, IL 62756

Illinois Secretary of State  
Safety Responsibility Dept  
2701 S. Dirksen Pkwy  
Springfield, IL 62723



Infinity Healthcare Physicians SC  
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Attn: Patient Accts  
111 E. Wisconsin Ave #2000  
Milwaukee, WI 53202

J. Mark Heldenbrand PC  
RE: 1st Loans Financial  
2532 East University Dr #E350  
Phoenix, AZ 85034

JR Nephrology  
Attn: Patient Accts  
4542 W. 95th Street  
Oak Lawn, IL 60453-2627

Lake County Radiology Assoc  
Attn: Patient Accts  
36104 Treasury Ctr  
Chicago, IL 60694-6100

Law Office of Harry Chiles  
RE: State Farm Mutual  
1737 S. Naperville Rd #207  
Wheaton, IL 60187

Law Office of Yudkin & Brebner  
RE State Farm Mutual  
860 Northpoint Blvd  
Waukegan, IL 60085

Lawn Medical Center SC  
Attn: Patient Accts  
4301 W 95th Street  
Oak Lawn, IL 60453-2670

Lincare Inc.  
Attn: Patient Accts  
PO BOX 105760  
Atlanta, GA 30348-5760

Medical Recovery Specialist LLC  
RE: Elmhurst Mem Hosp  
2250 E. Devon Ave #352  
Des Plaines, IL 60018-4521

Midwest Anesthesiologists LTD  
Attn: Patient Accts  
4440 W. 95th St  
Oak Lawn, IL 60453

Midwest Diagnostic Pathology  
Attn: Patient Accts  
75 Remittance Dr, #3070  
Chicago, IL 60675-3070

MiraMed Revenue Group, LLC  
RE: Linden Oaks Hospital  
991 Oak Creek Dr  
Lombard, IL 60148

Nationwide Credit Collection  
Document Page 58 of 59

RE: Southwest Nephrology Asso  
815 Commerce Dr #100  
Oak Brook, IL 60523

Oaklawn Radiology Imaging Consult  
Attn: Patient Accts  
37241 Eagle Way  
Chicago, IL 60678-1372

Pain Specialists of Greater Chicago  
Attn: Patient Accts  
7055 High Grove Blvd #100  
Burr Ridge, IL 60527-7593

Primary Healthcare Assoc  
Attn: Patient Accts  
PO BOX 1119  
Matteson, IL 60443

Quest Diagnostic  
Attn: Patient Billing  
1355 Mittel Blvd  
Wood Dale, IL 60191-1024

Radiology Imaging Consultants SC  
Attn: Patient Accts  
75 Remittance Dr Dept 1324  
Chicago, IL 60675

Radiology Imaging Specialists LTD  
Attn: Patient Accts  
39645 Treasury Center  
Chicago, IL 60694-9000

Regional Adjustment Bureau  
RE: Texas Guarantee Student L  
PO BOX 34111  
Memphis, TN 38106

Richard S. Bass  
2021 Midwest Road  
Suite #200  
Oak Brook, IL 60523

Robert Shell Jr  
5519 S. Natoma Ave  
Chicago, IL 60638

Jeanne Miglieri-Shell  
5519 S. Natoma Ave  
Chicago, IL 60638

Texas Guaranteed Student Loan Corp

Thomas F. Courtney & Assoc. P.C.  
RE: Palos Community Hosp  
7000 West 127th Street  
Palos Heights, IL 60463-1558

Timberline Knolls  
Attn: Patient Accts  
40 Timberline Dr  
Lemont, IL 60439-3848

Transworld Systems Inc.  
RE: ATI Physical Therapy  
PO BOX 17221  
Wilmington, DE 19850

Trustmark Recovery Services  
RE: Oaklawn Radiology Imaging  
541 Otis Bowen Dr  
Munster, IN 46321

United Recovery Systems  
RE: JP Morgan Chase  
PO Box 722929  
Houston, TX 77272-2929

Van Ru Credit  
RE: Texas Guarentee Loan  
11745 W Bradley Rd  
Milwaukee, WI 53224-2531